MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V 56.202.014397

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of [illegible]

City of [illegible]

Registration District No. 3

File No. 64808

No. ..... St.

Primary Registration District No. 2005

Registered No. 968

Hospital .....

FULL NAME OF CHILD Bernice De France

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	S		7	yes	1-2-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry E. De France	FULL MAIDEN NAME	Grace Tippin
RESIDENCE	Wilder Id	RESIDENCE	Wilder Id.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Fayette Co Ia	BIRTHPLACE	Jefferson Co Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Gue M D

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

..... 19.....

Filed 1-3-1919 John L. Meyer

Registrar

Registrar

7-10-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

792-27-244-366

[redacted]

Form V. S. No. 11—Rev. 1-1-18

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 5F

File No. 64908

Primary Registration District No. 2164

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 7 1919

FATHER	MOTHER
FULL NAME Bert Gibson	FULL MAIDEN NAME Della Loveridge
RESIDENCE Cambridge Idaho	RESIDENCE Cambridge Idaho
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Idaho
OCCUPATION Soldier	OCCUPATION Home work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schmutz MD
(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report.

_____ 19____

Filed June 7 1919 O E Schmutz Registrar

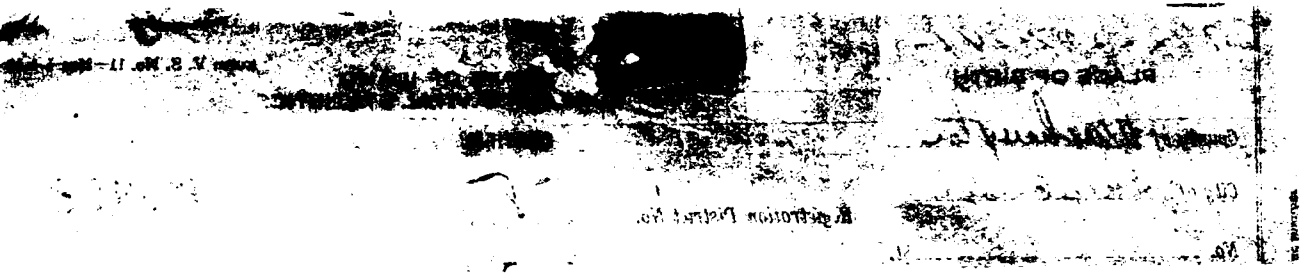
_____ Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



dup of 1917-72914 + 1919-173531

144203.016-135

[redacted]E OF BIRTH

Form V. S. No. 11-C—[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]ssia

65200

City of Burley

Registration District No. 117

File No.

No. St.

Primary Registration District No. 2196

Registered No. 1154

Hospital

FULL NAME OF CHILD Mary Ardella Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	~~4th~~	Yes	Jan. 3 1919

FATHER		MOTHER	
FULL NAME	Riley Gomez Judd	FULL MAIDEN NAME	Maud Alexander
RESIDENCE	Burley Idaho	RESIDENCE	Mary Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Domestic

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan. 3 at 17:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

Jan. 8 1919

F H Cutler
Registrar

Address Burley Idaho

Filed 1/8 1919

F H Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1972

318-201-021-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Idaho

Registration District No. 27

File No. 65259

No. ..... St.

Primary Registration District No. 2119

Registered No. 302

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	I	yes	Jan I. 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George J. Taylor	FULL MAIDEN NAME	Agreta E. George
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth I ..... Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jan 8 1919 [signature] Registrar

..... Registrar

381-20-021-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Treasurton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

65260

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 301

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet, or other? other | and Number in order of birth I | Legitimate? yes | Date of Birth Jan. I 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Royal Chapman

RESIDENCE Treasurton Idaho

COLOR white

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Preston Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agness Purser

RESIDENCE Treasurton Idaho

COLOR white

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Hyde Park Utah

OCCUPATION House wife

Number of child of this mother, including present birth I ... Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 8 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 692

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65261

City of Oxford

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 300

Hospital

FULL NAME OF CHILD Gwen Croshaw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	other (To be answered only in event of plural births)	I	yes	Jan (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Willard Croshaw	FULL MAIDEN NAME	Effie Fisher
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Jan 8 1919 [signature] Registrar

7 14 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 65261

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Croshaw (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1919 (Date of Event)
in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Gwen Croshaw

Subscribed and sworn to before me this 15 day of July, 1975

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Willis H. Barg

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

111 So Summit Bremerton Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

RECEIVED JUL 14 BUREAU OF VITAL STATISTICS 58 AM '75

FORM DH 60-155

JUL 14 1975

Certificate of Blessing , LDS Church Oxford Ward, Oneida Stake No. 107 gives name as Gwen Croshaw born Jan. 3, 1919 at Oxford, Idaho, father William E. Croshaw , mother Effie Eugina Fisher . -Blessed May 4, 1919 by Joseph Y. Boyce signed by Bishop Walter Hatch.
Viewed by VS

Patriachal Blessing Oct. 5, 1932 , LDS Church,Clifton, Idaho, Blessing given by James L. Williams , Patriach to Gwen Croshaw , daughter of William Croshaw and Effie Fisher born Jan. 3, 1919 at Oxford, Idaho.
Viewed by VS

795-210-00X-815

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

[redacted]DAHO
BUR[redacted]STATISTICS

CERTIFICATE OF BIRTH

65284

Registration District No. 3 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) - 10 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Prescott	FULL MAIDEN NAME	Evelina Hansen
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sharon	BIRTHPLACE	Cleveland, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris, Idaho

Filed 1-10- 1919 R. J. Sutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITAL

493-102-023318

PLACE OF BIRTH name added 8-16-83 dl

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 65298

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Lawrence Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 2 19

FATHER		MOTHER	
FULL NAME	Philip Lester Miller	FULL MAIDEN NAME	Alice Taylor
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Hallinburg Kans	BIRTHPLACE	Union Ore
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 20 P M. on the date above stated.

(Signature) R R Cummings

(Physician or midwife)

Address Emmett

Filed 1-6- 1917 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-28-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss. APR 1 4 19 PM

Certificate No. 65298
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 2, 1919 (Date of Event)

in Emmett (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Robert Lawrence Miller

Subscribed and sworn to before me this 30th day of March, 1983.

Notary Public, Tony Hamman
Residing at Baker, Oregon
My commission expires 8-25-85
(Seal)

Robert Lawrence Miller
Signature of Applicant

% Sumpter Stage, Baker, Org.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Baker } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1983.

Notary Public, Tony Hamman
Residing at Baker, Oregon
My commission expires 8-25-85
(Seal)

Charles L Miller
Supporting Signature

2240 Mitchell St. Baker, Oregon.
Street Address, City, State

lcc pd

Marriage Record lists Robert Lawrence Miller and Rosie Marie White were married at Baker, Oregon Dec 1, 1947. Viewed by V.S.

AUG 16 1983

Family Record in Baby book lists Robert Lawrence Miller father to baby born on Nov 5, 1948 to Rosie Marie White mother. Fathers birth place listed as Emmett and birth date listed as Jan 2, 1919. Viewed by V.S.

819-201-014-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7 File No. 65336

Primary Registration District No. 1006 Registered No. _____

FULL NAME OF CHILD Lois Elaine Hart.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Jan. 1 1919. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford Hart.	FULL MAIDEN NAME	Alice Bader.
RESIDENCE	Nampa Idaho.	RESIDENCE	Nampa Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Clerk.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. D. per A. R.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Jan. 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ISSN T U 1042

165-10101N-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65337

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	—	Yes	Jan (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Claude Henry Jones	FULL MAIDEN NAME	Nettie Stella Roselle
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	Railroading	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Nampa Ida

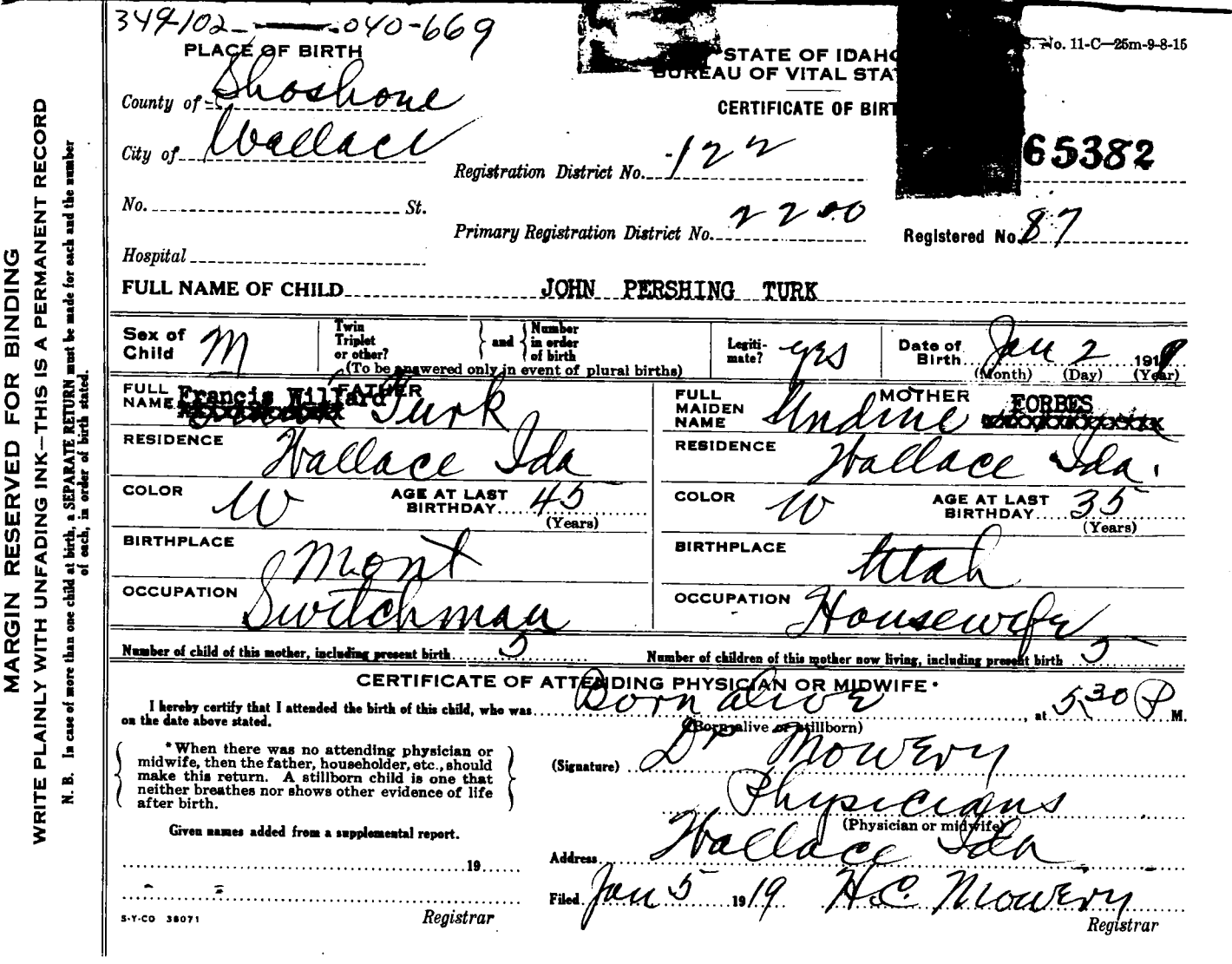
Filed Jan 10 1919 Pearle Dodds Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349102 [redacted] 040-669

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital ____

STATE OF IDAHO [redacted]

BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRT[redacted]

S. No. 11-C—25m-9-8-15

65382

Registration District No. 12

Primary Registration District No. 2200

Registered No. 87

FULL NAME OF CHILD JOHN PERSHING TURK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Jan 2 1918

	FATHER	MOTHER
FULL NAME	Francis Willard Turk	
FULL MAIDEN NAME		Undine FORBES
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Mont	Utah
OCCUPATION	Switchman	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 5:30 P. M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Jan 5 1918 H. C. Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MAR 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 65382

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	John Pershing Turk
father's name	Frank Turk	Francis Willard Turk
mother's name	Undine Forbush	Undine Forbes

Subscribed and sworn to before me this 26th day of March, 1942.

Notary Public, residing at Tekoa, Wash.

My commission expires Aug. 26, 1942
(Seal)

Signed Francis Willard Turk (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tekoa, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1942.

Notary Public, residing at Tekoa, Wash.

My commission expires Aug. 26, 1942
(Seal)

Signed Undine Turk (Mother)
(Signature of Any Credible Person Other Than Previous Year)

Tekoa, Washington
(Street Address, City, State)

Form V. S. No. 11-C—25m-1-1-18

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65416

County of [redacted]

[redacted]

Registration District No. 46 File No.

No. 349-109-[redacted]8-381 St.

Primary Registration District No. 2123 Registered No. 54

Hospital

FULL NAME OF CHILD Gerald. Waldo. Curtis.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes	Jan (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dennis. Barten. Curtis.	FULL MAIDEN NAME	Birdie. Virginia. Chamberlain
RESIDENCE	Worley, Idaho.	RESIDENCE	Worley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Town Scott. Wis.	BIRTHPLACE	Rockford. Wash.
OCCUPATION	Lumberman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth one (1) Number of children of this mother now living, including present birth one (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9-25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington. D.C.
Accoucheur.
(Physician or midwife)

Given names added from a supplemental report.

Address Plummer, Idaho.

19

Filed Jan 14 1919 W. L. Jaeger
Registrar

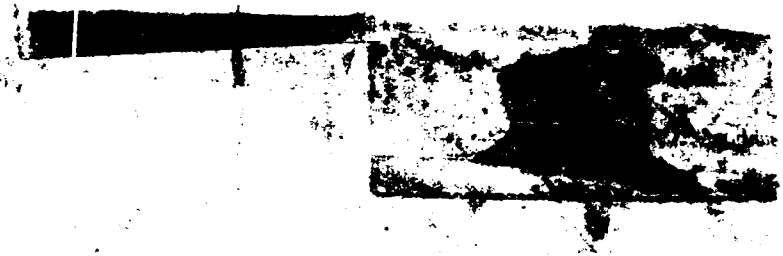
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-204-100F-3 3.1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 65426

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? X | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) – 4 (Day) – 19 (Year)

FATHER	MOTHER
FULL NAME Lenard T. Stewart	FULL MAIDEN NAME Laura Ann Clark
RESIDENCE St Charles	RESIDENCE St Charles
COLOR W	AGE AT LAST BIRTHDAY 37 (Years)
COLOR W	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE St Charles	BIRTHPLACE St Charles
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Sutton

Physician (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10-19 John Matthews Registrar

JUL 29 1968

275-0041-00X-331

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65428

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	1st	yes	1 - 4 - 19

FATHER

FULL NAME Lenard J. Stewart

RESIDENCE St Charles

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE St Charles

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Ann Clark

RESIDENCE St Charle

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE St Charles

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sutton

Physician (Physician or midwife)

Address Clarkia Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-10- 1919 John M. Mattson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7190206429-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65433

County of Latah

City of Cora Precinct

Registration District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Marjorie Gertrude Parnell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Parnell	FULL MAIDEN NAME	Bertha Gibbs
RESIDENCE	Cora Precinct Latah Co. Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Indianna	BIRTHPLACE	Iowa
OCCUPATION	Sawmilling	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt
MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wn

Filed Jan 8 1919 Dr J. W. Thompson
Registrar

Registrar

8-Y CO. 24655

243-216-0

PLACE OF BI[redacted]

[redacted]E OF IDAHO
[redacted]TAL STATISTICS
[redacted]E OF BIRTH

Form [redacted] No. 11-C—25m-1-1-18

County of Benewah

City of Plummer

Registration District No. [redacted]

File No. 65436

No. ..... St.

Primary Registration District No. 2123

Registered No. 55

Hospital .....

FULL NAME OF CHILD Ada Charlotte Buchanan.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Donald Bracknell Buchanan	FULL MAIDEN NAME	Edith Pearl Wilson
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Plum Tree, No Carliona	BIRTHPLACE	Craige, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two (2)

Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Jan 25 1919

H. G. Jaeger
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1943

389-224-018-251

PLACE OF BIRTH

[illegible] No. 11-C—15m-6-20-11

[illegible]

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 71

File No. 65437

No. _____, _____ St.

Primary Registration District No. 2168

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lowa Alta Chrisman

Sex of Child	~~Twin, Triplet, or other?~~ Single and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Jan (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Blaine Chrisman	FULL MAIDEN NAME	Yuma Lydia Beaumont
RESIDENCE	Elk River, Idaho	RESIDENCE	Elk River, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Unionville Mo.	BIRTHPLACE	Los Angeles Calif.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R Walton M.D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Elk River, Idaho

Filed Jan 27 1919 A. MacRae

Registrar

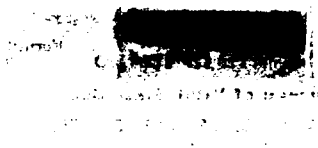
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



666-110-018-519

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Elk River

Registration District No. 11

File No. 65438

No. ....., ... St.

Primary Registration District No. 2168

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dean Warren Woodward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	1 10 1919

FATHER	MOTHER
FULL NAME Hubert Lockwood Woodward	FULL MAIDEN NAME Elizabeth Maud Vail
RESIDENCE Elk River, Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Washington D.C.	BIRTHPLACE Rochester Minn.
OCCUPATION Carpenter	OCCUPATION House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R Walton M.D.

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 27 1919 A. MacRae

Registrar

.....

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-203-025-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 6/19/75

County of Idaho

City of White Bird

No. ——— St.

Hospital ———

Registration District No. 104 File No. 65490

Primary Registration District No. 2152 Registered No.

FULL NAME OF CHILD Esther Arvilla Loper

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Jan (Month) 3 (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Roy Loper	FULL MAIDEN NAME Martha Thompson
RESIDENCE White Bird	RESIDENCE White Bird
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho = Genesee	BIRTHPLACE Idaho White Bird
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) W. A Foskett

Physician (Physician or midwife)

Address White Bird = Idaho

Filed Jan 22 19 19 W. A. Foskett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 8 1 33 PM 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon }
County of Klamath } ss.

Certificate No. 65490

Date Filed Jan 22, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Looper (Name on Original Certificate) who Was born (Was Born or Died) on Jan 3, 1919 (Date of Event)
in White Bird, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Looper	Esther Arvilla Loper
Father's name	Looper	Loper

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of May, 1973

Marjorie Stringham

Notary Public, residing at Crescent, OR.

My commission expires 1-30-74

(Seal)

Signed James N. Fagan
(Signature of Any Credible Person)

P.O. Box 66 Crescent Ore 97733
(Street Address, City, State)

FORM DH 60.155 CL 10/13/70 nm

Clerk's Annual Census Report from Oregon dated Oct. 1923 gives child's name as Esther Loper. age as 4 years. parents listed as Roy Loper . viewed by V. S.

JUN 19 1975

Notification of Birth Registration from Oregon gives name as Louise Arlen Borgialli bonr 2-4-42. No. 94. place of birth as Klamath Falls, Oregon father's name given as Louie Frank Borgialli and mother' name as Esther Arvilla Loper. viewed by V. S.

Marriage certif. from Oregon gives names as Louie F. Borgialli and Esther A. Loper. dated ~~xxx~~ June 12, 1937. viewed by V. S.

819126-
PLACE OF BIR[redacted]
025-236-

middle name amend 4-5-84 dl

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of

No. St.

Hospital

Registration District No. 104

File No. 65545

Primary Registration District No. 2181

Registered No.

FULL NAME OF CHILD Earl ~~Lysle~~ Lyle Harriman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will Harriman	FULL MAIDEN NAME	Anna Lee Scott
RESIDENCE	Spring Camp	RESIDENCE	Spring Camp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Stock Man	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird = Ida

Filed Jan 28 1919 W. A. Foskett Registrar

19

Registrar

S-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1963

12-6-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 1984

Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Earl Lysle Harriman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 26, 1919 (Date of Event)

in Idaho County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Lysle	Lyle

Subscribed and sworn to before me this 23rd day of March 19 84.

Notary Public, Judith L. Wolf

Residing at 306 Green Village Ozark, AL

My commission expires My commission expires Sept. 14, 1986

(Seal)

x Earl L. Harriman
Signature of Applicant

x 550 LOGAN RD, OZARK, AL 36360
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Alabama
County of Dale } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of March 19 84.

Notary Public, Cynthia P. Wesley

Residing at Fort Rucker National Bank

My commission expires 8/4/84

(Seal)

Mary Carolyn Nolen
Supporting Signature

Ft. Rucker National Bank - Ft. Rucker
Street Address, City, State

2 cc pd.

Appointment from President of the U.S. lists Earl Lyle Harriman was appointed to Naval Reserves of the United States on May 16, 1947. Viewed by V.S.

APR 1984

Marriage Certificate from State of Alabama lists Earl Lyle Harriman and Frances L. Rains were married Dec 31, 1947 in Escambia County. Viewed by V.S.

366-226-825-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65546

County of Idaho

City of White Bird — Registration District No. 10H — File No.

No. ____ St. — Primary Registration District No. 2182 — Registered No.

Hospital

FULL NAME OF CHILD — Souther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Jan 26 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Bert Albert J. Souther

RESIDENCE: White Bird

COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Effie Thompson

RESIDENCE: White Bird

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho = Moscow

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 — Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Dan Thompson

midwife (Physician or midwife)

Address White Bird

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Jan 27 1919 [redacted] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23/220-014-759

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF WHITE STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Canyon

City of Nampa

No. R.R. 3 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No. 65571

Registered No.

FULL NAME OF CHILD Edna Fay Stanton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 20 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Willis C. Stanton	FULL MAIDEN NAME	Fay Remington
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Registrar

Filed Jan. 31 1919 Alice A. Kutter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 8 1972
FEB 7 1973

613-220-001-192

[redacted]

Form V. S. No. 11-C—Rev. 6-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH.

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 213

File No. 65572

Registered No. .....

FULL NAME OF CHILD Irene Dora Walt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	1 20 1919

FATHER		MOTHER	
FULL NAME	Clarence V Walt	FULL MAIDEN NAME	Lelia Myrtle Aikens
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Jan 21 1919 Alice A. Cutler Registrar

617-121-001-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Ada

City of Meridian

No. RR1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65573

Registration District No. 11 File No.

Primary Registration District No. 203 Registered No.

FULL NAME OF CHILD Robert Clinton Waggoner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clinton Alfred Waggoner	FULL MAIDEN NAME	Telva Hazel Kooken
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2-30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian

Filed Jan. 31 1919 Alice A. Crutton Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 65573

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Clinton Wagoner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 21 - 1919. (DATE OF EVENT)
in Meridian (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Beneficial Life (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 18 - 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Last name	Wagoner	Waggoner

Subscribed and sworn to before me this 29th day of Dec, 1941

Notary Public, residing at Boise Ida

My commission expires Nov 10 - 1942 (SEAL)

Signed Velva Hazle Waggoner (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

~~THW Velva Hazel Waggoner~~

(STREET ADDRESS, CITY, STATE) 3003 State Boise Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of Dec, 1941

Notary Public, residing at Boise Ida

My commission expires Nov 10 - 1942 (SEAL)

Signed Orville J Hunt (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2319 Jefferson Boise Ida (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 7 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Myrtle — Registration District No. 92 — File No. 62574

No. ..... St. — Primary Registration District No. 2170 — Registered No. 38

Hospital .....

FULL NAME OF CHILD Irene Evelyn McDowell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		yes	1 – 30 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. Grant McDowell	Mary Smith
RESIDENCE	Myrtle	Myrtle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Minn	Wyoming
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 0 25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1 – 30 1917

E. E. Watts

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

Diploma from St. Joseph's Hospital School of Nursing, Lewiston, Idaho; November 21, 1940; and own Child's birth cert. #421660. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 25 1958
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 65574

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on January 30, 1919 (Date of Event) in Myrtle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Irene Evelyn McDowell

Subscribed and sworn to before me this 18th day of June, 1958.

John H. Maynard
Notary Public, residing at Lewiston, Idaho
My commission expires July 6, 1960
(Seal)

Signed Mary McDowell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1022 Bryden Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1958.

John H. Maynard
Notary Public, residing at Lewiston, Idaho
My commission expires July 6, 1960
(Seal)

Signed Edward G McDowell
(Signature of Any Credible Person) pd Rm. T.

1022 Bryden Lewiston Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 6-12-58. one copy pd.

JUN 27 1958

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH 359-131-035-215

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Nez Perce Amended 4/11/79 CERTIFICATE OF BIRTH

City of Gifford Registration District No. 92 File No. 65575

No. ..... St. Primary Registration District No. 2170 Registered No. 39

Hospital .....

FULL NAME OF CHILD John Lewis Cermak

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	S		1	Yes	1 (Month) 31 (Day) 1919 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John Cermak	FULL MAIDEN NAME	Frances Kanda
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	N. J.	BIRTHPLACE	Bohemia
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-31 1919 E. E. Watts

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 4 07 PM '79

State of Oregon
County of Columbia } ss.

Certificate No. 65575
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Chermak (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 31, 1919 (Date of Event)

in Gifford (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Chermak	JOHN LEWIS CERMAK

Subscribed and sworn to before me this 20th day of February, 19 79.

Notary Public, [illegible]
Residing at Rainier, Oregon 97048
My commission expires May 11, 1982
(Seal)

John Lewis Cermak
Signature of Applicant

Rt 3, Box 1267, Rainier, OR 97048
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Feb March, 1978.

Notary Public, Ant L Kitchen
Residing at Lewiston Ido
My commission expires Jan 18 1982
(Seal)

Saint Cermak Sr.
Supporting Signature

2117 Powers Ave Lewiston Id.
Street Address, City, State

83501

2-13-79

letter from Principal of Hermiston School Dist No. 8R gives name as John Cermak nd mother's name as Frances Cermak. enrolled in school for 1937-1938 at Lewiston, Idaho. for At the Lewiston State Normal School. signed by Stephan J. Trukositz. viewed b V. S.

APR 1 1 1975

Insurance policy from the Mutual Life Ins. Co of New York gives nameas John Lewis Cermak. dated Nov 10,1948. viewed by V. S.

652-131-035-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 93 File No. 65576

Primary Registration District No. 2170 Registered No. 40

FULL NAME OF CHILD Robert Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	\	Yes	1 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russell Webb	Ella Bernadt
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Wis	Wis
OCCUPATION	Teacher	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1-31 1919

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

JAN 11 1965

Certificate No. 65576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Webb (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 31, 1919 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Robert Webb

Subscribed and sworn to before me this 2nd day of September, 1964

William D. Stevens

Notary Public, residing at Lapwai, Idaho

My commission expires January 24, 1968

(Seal)

Signed Mrs. Ella Webb

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 7-2-64. nm

Lewiston State Normal School, Lewiston, Idaho, Diploma, given at Lewiston, Ida ho on June 5, 1939 gives full name as Robert Webb - viewed by V.S.

Honorable Discharge from U.S. Army, Feb. 9, 1942 gives full name as Robert Webb - viewed by V.S.

FEB 1 1965

455-208-029-617

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 65589

No. ____ St.

Primary Registration District No. 2146 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mildred Kathryn Donovan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 8 1919

FATHER	MOTHER
FULL NAME Leo Donovan	FULL MAIDEN NAME Margaret Fagan
RESIDENCE Bovill Idaho	RESIDENCE Bovill Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Canada	BIRTHPLACE Iowa
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7— a. M. on the date above stated.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed Jan 20 19 19 Mrs. T.C. Gibson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1952

413-220-02-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lalah

City of Bovill — Registration District No. 66 — File No. 65590

No. ____ St. — Primary Registration District No. 2146 — Registered No. ____

Hospital Bovill Hospital

FULL NAME OF CHILD Doris Jesse Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 — 20 — 1919

FATHER	MOTHER
FULL NAME: Herbert Schuyler Walker	FULL MAIDEN NAME: Anna May Richardson
RESIDENCE: Fernwood Idaho	RESIDENCE: Fernwood Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Canada
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 — P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Bovill, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 19 19 Mrs F.C. Gibson Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-211-029-314

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

BUREAU [redacted] TISTICS

CERTI [redacted] RTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 61 [redacted]

Primary Registration District No. 10

File No. 65581

Registered No. 1

FULL NAME OF CHILD Marian Lucille Migand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Jan 11 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis Meyer Migand	FULL MAIDEN NAME	Hattie May Cameron
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:10 A. M. on the date above stated.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed Jan 20 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

STATE OF ID
VITAL STA

296206029-652

PLACE OF BIRTH

County of Latah

City of Moscow

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

Registration District No. 61 File No. 65592

Primary Registration District No. 1017 Registered No. 3

FULL NAME OF CHILD Audrey Irene Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan. 6 1919

FATHER

FULL NAME Earl B. Brown

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Creighton, Nebraska

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Maude E. Nest

RESIDENCE Moscow, Idaho.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Brady, Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:40 A. M. on the date above stated.

(Signature) Chas. L. Fortman M.D

(Physician or midwife)

Address Moscow, Idaho

Filed Jan 20 19

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1944

614-122-029-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65594

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 8

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. S. Wade	FULL MAIDEN NAME	Elva Johnson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... 2-P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed Feb 1 1919 D. F. Rae

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363229.029-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 65595

Primary Registration District No. 1011 Registered No. 7

FULL NAME OF CHILD SARAMAE COLLINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 29 1917

FATHER		MOTHER	
FULL NAME	Fred N. Collins	FULL MAIDEN NAME	Clara Gilbreth
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mail carrier	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 10 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
J. Moscow
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed Feb 1 1917

S. F. Rae
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 65595

County of Latah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan-29-1919 (Date of Event)

in Moscow - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Saramae Collins

Subscribed and sworn to before me this 22

day of January, 1942

Martin J Mickey

Notary Public, residing at Moscow Idaho

My commission expires Feb 4-1944

(SEAL)

Signed Mrs. Clara Collins

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

101 S. Almon St Moscow Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Latah

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22

day of January, 1942

Martin J Mickey

Notary Public, residing at Moscow Idaho

My commission expires Feb 4-1944

(SEAL)

Signed Fred H Collins

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

101 So Almon St

(STREET ADDRESS, CITY, STATE)

Moscow Idaho

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 26 1943

355-105-029-613

PLACE OF BIRTH

name added 4/14/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

65596

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

Primary Registration District No. 1011

File No. .....

Registered No. 6

FULL NAME OF CHILD Buck Leo Leese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. V. Leese	FULL MAIDEN NAME	Ethel Walter
RESIDENCE	Creston wash.	RESIDENCE	Creston wash
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	N. M.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 - A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow

Filed Feb 1 1919

D. F. Rice

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 1 38 PM '81

State of Washington
County of Okanogan } ss.

Certificate No. 65596
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Leese (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 4, 1919 (Date of Event)

in Moscow, (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Jan 5, 1919	Jan 4, 1919
Childs name	Unnamed	BUCK ~~Walter~~ Leo Leese

Subscribed and sworn to before me this 3rd day of March 1981.

Notary Public Jerry Barnes
Residing at Tonasket Wash
My commission expires 2-6-82
(Seal)

Buck Leo Leese
Signature of Applicant

Box 407 Tonasket, Wash 98855
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Okanogan } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March 1981.

Notary Public Jerry Barnes
Residing at Tonasket WA
My commission expires 2-6-82
(Seal)

Kathryn A Michels
Supporting Signature

Tonasket WA 98855
Street Address, City, State

lcc pd

Honorable Discharge from the US Navy gives name as Buck Leo Leese date of separation Sept 6, 1945 in viewed by V. S. date of birth as Jan 4, 1919

Certif of Marriage from Washington gives name as Buck L. Leese and Betty Anderson Buck born Jan 4, 1919 and Betty born Feb 23, 1928. dated May 26, 1965.viewed by V. S.

963-124-029-15-4

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 65597

Primary Registration District No. 2141 Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Rothwell	FULL MAIDEN NAME	Grace Anderson
RESIDENCE	Viola Idaho	RESIDENCE	Viola
COLOR	White	COLOR	wf
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lobster	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D F Rae M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Jan 24 1919 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

286-14-014-699

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

065599

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD James David Shoat

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
males		fourth	yes	Jan 14th 1919

FATHER

FULL NAME James W Shoat

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Drelinsboro NC

OCCUPATION Minister

MOTHER

FULL MAIDEN NAME Mary Frances Wise

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Carthage Indiana

OCCUPATION Housekeeper & Minister

Number of child of this mother, including present birth fourth

Number of children of this mother now living, including present birth fourth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1/14/19 at 1:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E. Mangum M.D.

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb. 10 1919 Pearle Dodds.
Registrar

S-Y-CO 38071

PLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]3-014-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 65600

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Emily Bosley

Sex of Child Female | Twin Triplet or other? and [illegible] in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter C. Bosley	FULL MAIDEN NAME	Eliza McDowell
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Nampa Ida.

Filed Feb 10 1919 Pearle Dodds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-7-22 [redacted]-16[redacted]

PLACE O[redacted]

STATE [redacted]
BUREAU OF [redacted]
CERTIFICATE OF [redacted]

[redacted] 11-0-[redacted]

County of Canyon

City of Nampa

No. 413-18 Ave. S St.

Hospital

Registration District No. 7

Primary Registration District No. 1006

File No. 65601

Registered No.

FULL NAME OF CHILD INEZ CORAL Ingersoll

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Jan. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ingersoll W. W.	FULL MAIDEN NAME	Ruby Johnson.
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	38.	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Iowa.	BIRTHPLACE	Nebraska.
OCCUPATION	Foreman at Creamery.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. D. By A. R.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Feb. 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 65601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Inez Coral Ingersoll (Name on Original Certificate) who was born (Was Born or ~~Died~~) on Jan. 28, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Inez Coral Ingersoll

Subscribed and sworn to before me this 6th day of July, 1942

Betty Dustrack
Notary Public, residing at Olympia
My commission expires 2-28-45
(Seal)

Signed W. W. Ingersoll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Box 448, Olympia, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K JUL 8 1942

JUL 9 1942

584-120-01K-386

PLACE OF BIRTH

City

County of Canyon

City of Nampa

No. ____ St.

Hospital Nampa General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65602

Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Ernest George Nydegger Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x		x	yes	Jan 20 1919

FATHER		MOTHER	
FULL NAME	Ernest George Nydegger	FULL MAIDEN NAME	Helen Thomas
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Switzerland	BIRTHPLACE	Nebraska
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 10 1919 Pearle Dodds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-104.01X-239 City

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1114 3rd St. North St.

Hospital —

Registration District No. 7

File No. 65603

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD John Joseph DeCoursey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	Yes	Feb 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. DeCoursey	FULL MAIDEN NAME	Fern Stickler
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Feb 10 1919 Pearle Dodds

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 89-117-014-141.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65605

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD James Grant Shields

Sex of Child: Male | Twin Triplet or other? One | and Number in order of birth: Second (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Jan 17 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred James Shield	FULL MAIDEN NAME	Hexterann Adams
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minto Ohio	BIRTHPLACE	Blackstone
OCCUPATION	Preacher & teacher	OCCUPATION	Teacher & housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan 17th at 4 A. M. on the date above stated.

(Signature) Thos Maugum MD

Physician

(Physician or midwife)

Address Nampa Ida

Filed Feb 10 1919 Pearle Dodds. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

693-130-004-699

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 7 File No. 65606

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Clive Donald Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	----	first	Yes	Jan 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clive D Williams	Cora Marie Wright
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Oakland Cty Ind	Blackwell Okla
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth: first

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Jan 30th at 4 A. M. on the date above stated.

(Signature) Thos D Macqueen M D
Physician
(Physician or midwife)

Address Nampa Ida

Filed Feb. 10 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1974

954107.01X-466

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1115 - 14th Ave S. St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65607

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Ernest Lee Redmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	yes	Feb. 7 19[illegible]9

FATHER

FULL NAME Elmer Redmon

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Emporia, Kansas

OCCUPATION R.R. Laborer

MOTHER

FULL MAIDEN NAME Maude Ethel Moore

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Kansas City, Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.C. Ewing M.D.

(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 10 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

943-221.01K-9/18

PLACE OF BIRTH

County of Canyon

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65608

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Helen Louise Rutledge

Sex of Child Female | Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Rutledge	FULL MAIDEN NAME	Anna May Rutledge
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Joseph, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) H. C. Ewing M. D.

✓ (Physician or midwife)

Address Nampa, Idaho

Filed Feb. 10 1919 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1944

967-11701-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65610

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Chas. Hodges Rogers

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Jan 17 (Month) (Day) 1918 (Year)

FATHER

FULL NAME Chas H Rogers

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Texas

OCCUPATION Foreman for Stock Ranch

MOTHER

FULL MAIDEN NAME Pansy Anna Wolf

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Kansas

OCCUPATION Housekeeping

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Nampa Ida

Filed Feb. 18 1918 Pearle Dodds

Registrar

S-Y CO. 24995

Copy of 1919-331484

155-213-014-652 Country

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.R. No 4 St.

Hospital

Registration District No. 7

File No. 65611

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Adeline Aveline Jenkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	x		x	yes	Jan 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Jenkins	FULL MAIDEN NAME	Carrie West
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

Filed Feb. 10 1919 Pearle Dodds

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 65611

Date Filed Mar. 31-1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Adeline Aveline Jenkins (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13-1919 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 22-1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Adeline Aveline Jenkins

Subscribed and sworn to before me this 31st day of March, 1945.

Elbert S. Delano

Notary Public, residing at Boise Idaho

My commission expires June 10 1947

(Seal)

Signed Carrie West Jenkins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

MAR 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319.207.044.354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 65612

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Jessie Lee Carter

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb. (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Mitchell P. Carter	FULL MAIDEN NAME	Virgie Tidwell
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1030 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 219 15th Av. S., Nampa

Filed Feb. 10 1919 Pearle Dodds
Registrar

Registrar

S-Y CO. 24658

MAR 1 6 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515 & 216.01 X-212

PLACE OF BIRTH

Country

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Nam~~ Bowmont

No. ..... St.

Registration District No. 7 File No. 65613

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Loraine VanderKolk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	x		x	Yes	Jan 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dewey VanderKolk	FULL MAIDEN NAME	Minnie Sassman
RESIDENCE	Bowmont Ida	RESIDENCE	Bowmont Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Feb. 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

AUG 9 1955

OCT 16 1942

519-217-01X-415 Country

[redacted] -8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.B. No 4 St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65614

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X Pearl Francis Parker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	>		X	yes	Jan (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Parker	FULL MAIDEN NAME	Maggie Davis
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Feb. 10 1919 Pearle Dodds Registrar

5-Y-CO 38071

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

12-17-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. VIT

County of ..... }

Certificate No. 65614

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Parker (Name on Original Certificate) who was born (Was Born or Died) on January 17, 1919 (Date of Event)

in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Pearl Francis Parker

Subscribed and sworn to before me this 17th day of December, 19 73

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Claude Townsend

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Childs name is given on her own childs birth certificate as Pearl Francis Parker
Child born Feb. 2, 1941 state file # 308709.
Viewed by V.S.

DEC 18 1973

Family Record gives name as Pearl Francis Parker born January 17, 1919 in Nampa, Idaho to Roy Parker and Maggie Davis. Childs name is given as Pearl Francis Parker. Record dated 1957.
Viewed by vs

469-102-014-248

PLACE OF BIRTH

AMENDED
Dec. 20, 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Nampa General St. Registration District No. 7 File No. 65615

Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Jack Charles Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	Feb. 2, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James C. Morris	FULL MAIDEN NAME	Bernice Smyth
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas	BIRTHPLACE	Nebraska
OCCUPATION	Lather & Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.
(Physician or midwife)

Address Nampa, Idaho

Filed Feb. 10, 1919 Pearle Dodds
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 6565
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Elden Charles Morris (Name on original certificate) who born (Was born or died) on Feb. 2, 1919 (Date of event)
in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Elden Charles Morris	Jack Charles Morris

Subscribed and sworn to before me this 20th
day of December, 19 41
Oscar A. Salomonsen
Notary Public, residing at Boise, Idaho
My commission expires May 29, 1945
[SEAL]

Signed Bernice Morris Hanssen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #1 Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of December, 19 41
Oscar A. Salomonsen
Notary Public, residing at Boise Idaho
My commission expires May 29, 1945
[SEAL]

Signed Chas L. Smyth
(Signature of any credible person other than the previous affiant.)
Route #1 Nampa, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No 11-C—25m-9-8-15

PLACE OF BIRTH

168-22-01K-141

County of _____

City of _____

No. _____ *St.*

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65616

Registration District No. 7 **File No.** _____

Primary Registration District No. 2006 **Registered No.** _____

FULL NAME OF CHILD Carol Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 22 1919

FATHER		MOTHER	
FULL NAME	Arnold E. Johnson	FULL MAIDEN NAME	Lorna Ann Adamson
RESIDENCE	Randolph	RESIDENCE	
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Domestic

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 12-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb. 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

249228-01X-146

PLACE OF BIRTH

County of Canyon

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 7 File No. 65621

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD HAZEL BURNIE

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Burnie	FULL MAIDEN NAME	Carrie Adolph
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salem, Nebraska	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa, Idaho

Registrar

Filed Feb. 10 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 65621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Burnie (Name on Original Certificate) who was born (Was Born or Died) on January 28, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hazel Burnie

Subscribed and sworn to before me this 9th day of July, 1942

Notary Public, residing at Payette, Idaho

My commission expires Sept. 10, 1945
(Seal)

Signed Hazel Burnie Russell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1942

Notary Public, residing at Payette, Idaho

My commission expires Sept. 10, 1945
(Seal)

Signed Glen Russell
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

JUL 10 1942

JUL 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Fc ... No. II-C—25m-9-8-15

PLACE OF BIRTH 214-114-014 812

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 65622

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Delbert Amos Baum

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 1 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Baum	FULL MAIDEN NAME	Myrtle Hartritter
RESIDENCE	Nampa R.R. 2,	RESIDENCE	Nampa R R 2,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Hwork

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at abt 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feb. 10 1919 Pearle Dodds.

Registrar Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 65622

Date Filed

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Baby Baum (Name on original certificate) who was born (Was born or died) on January 14, 1919 (Date of event) in Canyon County (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on 1-14-19 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Baby Baum	Delbert Amos Baum

Subscribed and sworn to before me this 11th day of December, 19 41

J. A. Hansen
Notary Public, residing at Meridian Idaho

My commission expires March 7, 1945

[SEAL]

Signed Myrtle Rose Baum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #2 Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 19 41

J. A. Hansen
Notary Public, residing at Meridian Idaho

My commission expires March 7, 1945

[SEAL]

Signed Frank Leslie Baum
(Signature of any credible person other than the previous affiant.)

Rte #2 Meridian Idaho
(Street Address, City, State)

Received for filing on DEC 7 19 41 By
(Registrar's signature)

799223 5014-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65623

County of Canyon

City of Nampa

No. St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD ~~Junior~~ JUNE THELMA Grigg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	1 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	P. W. Grigg	FULL MAIDEN NAME	Hallie Gardner
RESIDENCE	Nampa R.R. 1	RESIDENCE	Nampa R.R. 1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	H. Work

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at abt 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb. 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 65623

MAR 29 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Junie Grigg (Name on Original Certificate) who was born (Was Born or Died) on Jan. 23, 1919 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Junie	June Thelma Grigg
Place	not given	Nampa, Idaho

Subscribed and sworn to before me this 26 day of March 1943

Notary Public, residing at Vale Oregon

My commission expires June 27-1943
(Seal)

Signed Parley Mormon Grigg ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 314 Vale, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March 1943

Notary Public, residing at Vale Oregon

My commission expires June 27-1943
(Seal)

Signed Parley Mormon Grigg ✓
(Signature of Any Credible Person Other Than Previous Year)

Box 314 Vale Oregon
(Street Address, City, State)

MAR 3 0 1943

349-216

PLACE OF [redacted]

[redacted]

County of Ol[redacted]

City of Orofino

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

65624

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. One

FULL NAME OF CHILD Mortimer Milne Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		✓	Jan (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C. G. Curtis	FULL MAIDEN NAME	Elibath Milne
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Scotland
OCCUPATION	Hotel	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.30 a.m. on the date above stated.

(Signature) Dr W. B. Rush

Physician (Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 1/20 1919 W. C. Shaw Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 6 1974

DEC 5 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-16-018-[illegible]

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-16

CERTIFICATE OF BIRTH

Registration District No. 90

File No. 65625

Primary Registration District No. 2168

Registered No. 2

FULL NAME OF CHILD John Turney Saylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	—	Jan (Month) 16 (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira F. Saylor	FULL MAIDEN NAME	Gladys Blanchard
RESIDENCE	Ahsahka	RESIDENCE	Ahsahka
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Horswell

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 1/25 1917 W. A. Shaw Registrar

S-Y-CO 36071

MAY 30 1972

443-206-018-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

File No. 65626

Primary Registration District No. 2168

Registered No. 3

FULL NAME OF CHILD Alma Ruth Dutro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		—	Jan (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Arthur Dutro	FULL MAIDEN NAME	Alma Hulse
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Drag man	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswill

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 1/25 1919 W A Shaw Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-112-018-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of

No. St.

Hospital

Registration District No. 90

File No. 65627

Primary Registration District No. 2165

Registered No. 4

FULL NAME OF CHILD Lester Chas Langer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		—	Jan (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis A Langer	FULL MAIDEN NAME	Ellie Trahan
RESIDENCE	Ahsahka	RESIDENCE	Ahsahka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 a.m. on the date above stated.

(Signature) Earle M Horswell

Physician (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address

Filed 1/25 1919 W A Shaw

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-228-018-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 65628

Primary Registration District No. 2168

Registered No. 5

FULL NAME OF CHILD Mary Ellen Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		—	Jan (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Andrew Shaw	FULL MAIDEN NAME	Jessie Miller
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 M. on the date above stated.

(Signature) Earle W Horswell

Physician (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1/30 1919

W. A. Shaw

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

791 [redacted] 003-492

F[redacted]RTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Bancroft

No. _____ St.

Hospital _____

Registration District No. 84 File No. 65629

Primary Registration District No. 2161 Registered No. 1

FULL NAME OF CHILD Clarinda Grace

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	1-10-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Grace	FULL MAIDEN NAME	May Disney
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Bancroft

Filed 1-12 1919 N R Wallentine Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR

123-211-003-655

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65630

County of Bannock

City of Bancroft

Registration District No. 2161

File No.

No. St.

Primary Registration District No. 84

Registered No. 2

Hospital

FULL NAME OF CHILD Mary Alice Aston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) 12 (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	John Dunn Aston	FULL MAIDEN NAME	Cora Weeks
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Aston

midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Bancroft

Filed 1-16 1919 N R Woodenton

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 8 1975

085-212-003-789 (Be sure the information is complete and accurate)

State File No. 65631
Local Reg. No.
Reg. Dist. No. 84

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 10/6/75

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ruth
b. (Middle):
c. (Last): Kynaston

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Jan. 12, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Kynaston

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Stella
b. (Middle):
c. (Last): Phillips

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 11
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Aston

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Bancroft

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 16, 1919

22. REGISTRAR'S SIGNATURE: N. R. Wallentine

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 10 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 2 10 57 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 65631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Estelle Kynaston (Name on Original Certificate) who was born (Was Born or Died) on Jan 12, 1919 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Estelle Kynaston	Ruth Kynaston

Subscribed and sworn to before me this 29th day of September, 19 75

Anna T. Hamblin

Notary Public, residing at Soda Springs, Idaho

My commission expires 3-29-76

(Seal)

Signed Ruth Kynaston Langston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 414, Soda Springs, Idaho 83276
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 19 75

Anna T. Hamblin

Notary Public, residing at Soda Springs, Id.

My commission expires 3-29-76

(Seal)

Signed Ruby Gunnell
(Signature of Any Credible Person)

159 W. 2nd So. Soda Springs, Idaho
(Street Address, City, State)

CL 9/15/75

FORM DH 80-155

Certif. of Baptism and Confirm. from LDS Church gives name as Ruth Kynaston daughter of John Kynaston and Estella Phillips. born Jan. 12, 1919 at Bancroft, Idaho. Baptized July 2, 1927. viewed by V. S.

Family record book gives name as Ruth Kynaston born Jan 12, 1919 at Bancroft, Idaho. Blessed on May 4, 1919. Baptized July 2, 1927. viewed by V. S.

714-23.003-867

PLACE OF BIRTH

amended March24,1980

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

65632

County of Bannock

City of Batch

Registration District No. 84

File No.

No. St.

Primary Registration District No. 2161

Registered No. 1f

Hospital

FULL NAME OF CHILD William Leon Paul

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	1-23-1919

FATHER		MOTHER	
FULL NAME	William Paul	FULL MAIDEN NAME	Edna Hogan
RESIDENCE	Batch	RESIDENCE	Batch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) W R Wallentine

(Physician or midwife)

Address Bancroft

Filed 1-23 19 19 W R Wallentine

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65632

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for William Lamar Paul (Name on Original Certificate) who was born (Was Born or Died) on 1/23/19 (Date of Event)

in Hatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Lamar Paul	William Leon Paul

Subscribed and sworn to before me this 26th day of September, 1978.

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Mary E. Trogstad

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1901 Westlake Dr. Boise, 83704

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Public School Diploma lists name as William Leon Paul. Dated May 17, 1935, Boise, Idaho.
viewed by vs March 24, 1980

Church record lists name as William Leon Paul, born January 23, 1919, in Hatch, Idaho. Blessed May 4, 1919, LDS Church.
viewed by vs March 24, 1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

289-230-009-597

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 65633

Primary Registration District No. 2161 Registered No. 5

FULL NAME OF CHILD Bertha Lucille Shipley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	1-30-1919

FATHER		MOTHER	
FULL NAME	Orson Albert Shipley	FULL MAIDEN NAME	Emma Elmore Nixon
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Bancroft

Filed 1-30 1919 N. R. Wallentine

Registrar

Registrar

S-Y-CO 38071

K

495-206-[redacted]
025-293

PLACE OF [redacted] STATE OF IDAHO [redacted] 20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Near Glenwood Ida

Registration District No. _____ File No. 65639

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edna Anna Dinwiddie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R. S Dinwiddie	FULL MAIDEN NAME	Leaphy Billow
RESIDENCE	Near Glenwood	RESIDENCE	Near Glenwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Livingston Co Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith MD

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Kamiah Ida

Filed Feb 8 1919 C. J. Johnson Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 10 1943

14-226-025-35A

PLA[illegible]

Form V. S. No. 1[illegible]-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Near Caribel

Registration District No. _____ File No. 65640

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~XXXXXXX~~ AUDREY ~~XXXXXX~~ LOIS Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Carrol Adams	FULL MAIDEN NAME	Rosa Teats
RESIDENCE	Near Caribel Ida	RESIDENCE	Near Caribel Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Palouse Wn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 145a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Kamiah Ida

Filed Feb 8 1919 C J Johnson

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. JAN 30 1942
County of Multnomah }

Certificate No. 65640

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Audrey Lois Adams (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on Jan. 26, 1919 (DATE OF EVENT)
in Caribel, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lois May Adams	Audrey Lois Adams

Subscribed and sworn to before me this 27th
day of January 1942

Notary Public, residing at Portland, Oregon

My commission expires Notary Public, for Oregon
(SEAL) My commission expires Jan. 6, 1945

Signed Rosa J Adams (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3904 S.E. 8th - Portland, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of January 1942

Notary Public, residing at Portland, Oregon

My commission expires Notary Public, for Oregon
(SEAL) My commission expires Jan. 6, 1945

Signed Luster C Adams (Father)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3904 S.E. 8th - Portland, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By
(REGISTRAR'S SIGNATURE)

897-201-238-528

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65651

County of Payette

City of New Plymouth

No. R 4 ... St.

Registration District No. 5

File No. .....

Primary Registration District No. 2009

Registered No. 1

Hospital .....

FULL NAME OF CHILD LaVena Ferne High

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Jan 1 1917

FATHER		MOTHER	
FULL NAME	Samuel High	FULL MAIDEN NAME	Ethel Coy
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Penn	BIRTHPLACE	Kans
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 19 19 Wm J. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1970

7/15/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of KANSAS } ss. Certificate No. 65651

County of BUTLER } Date Filed

AUG 19 10 14 AM '76

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed High (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1919 (Date of Event)

in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	LaVena Ferne High

Subscribed and sworn to before me this 17th day of August, 1976

Wilma M. McElhiney, notary

Notary Public, residing at El Dorado, Kansas

My commission expires August 25, 1976

(Seal)

Signed LaVena Ferne High Johnston

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

425 S Emporia, El Dorado, Kansas 67042

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of KANSAS } ss.

County of BUTLER }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1976

Wilma M. McElhiney, notary

Notary Public, residing at El Dorado, Kansas

My commission expires August 25, 1976

(Seal)

Signed Carol McKenzie

(Signature of Any Credible Person)

1620 W. Second El Dorado, Kans. 67042

(Street Address, City, State)

FORM DH 60-155 md one copy paid Rec.#07093

LaVena

AUG 24 1976

Extension Class Grade Card gives name as ~~XXXXXXX~~ Ferne (High) Johnson. born Jan 1, 1919 at New Plymouth. enrolled 10-16-67. compelted 1-1968. viewed byVS

Marriage record from Idaho gives names as Chester White Johnson and LaVena Ferne High. datedAug 24, 1938. viewed by V. S.

555.102.038-396

PLACE OF BIRTH

Form V. S. No. 11-C—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65652

County of Payette

City of New Plymouth — Registration District No. 5 — File No.

No. ..... St. — Primary Registration District No. 2009 — Registered No. F

Hospital .....

FULL NAME OF CHILD NORMAN OLIVER NEEDHAM

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 2 1917

FATHER		MOTHER	
FULL NAME	Oliver M. Needham	FULL MAIDEN NAME	Susie B. Crowther
RESIDENCE	Caldwell	RESIDENCE	with husband
COLOR	W	AGE AT LAST BIRTHDAY (Years)	54
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ind	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

New Plymouth Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 19 17 Wm J. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 65652

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Norman ~~O.~~ Needham
		Oliver

Subscribed and sworn to before me this 25th day of February, 1943.

Notary Public, residing at Nampa, Idaho.
My commission expires Sept. 5th, 1944.
(SEAL)

Signed O M Needham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route # 3, Nampa, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED, (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 2 1 1945

MAR 1

666-22-038-437

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Near New Plymouth

Registration District No. 5

File No. 65653

No. ✓ St.

Primary Registration District No. 2009

Registered No. 3

Hospital ✓

FULL NAME OF CHILD Lois Lucile Wood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Jan (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron C. Wood	FULL MAIDEN NAME	Maude M. McGinnis
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Payne

P. & S. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ontario Ore

Filed Feb. 1919 Wm. T. Drysdale Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1943

dup of 1919-08580

795-125-038-693.

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65654

County of Payette

City of Near New Plymouth — Registration District No. 5 — File No.

No. ..... St. — Primary Registration District No. 2009 — Registered No. 4

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 25 1917

FATHER		MOTHER	
FULL NAME	Drennon Irvine	FULL MAIDEN NAME	Ida May Wilson
RESIDENCE	Near New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Mo-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Address Near New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 19 18 Wm T. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155 103-00K 8V4

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

rm V. S. No. 11—45m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65657

Registration District No. 52 File No. ____

Primary Registration District No. 2136 Registered No. ____

Full Name of Child Forrest Jacob Jensen

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Feb 3rd 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J C Jensen	FULL MAIDEN NAME	Vinnie Humphreys
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P King M.D.

Physician

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....19....

Registrar

Filed 2-4-19 A P King

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65660

PLACE OF BIRTH 532-210-025-597

County of Idaho

City of Grangeville

Registration District No. 103

File No.

No. ..... St.

Primary Registration District No. 1001

Registered No. 6

Hospital

FULL NAME OF CHILD Ruth Woodruff Ecker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		3	Yes	Jan. (Month) 10 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. M. Ecker	FULL MAIDEN NAME	Dora M. Nixon
RESIDENCE	Grangeville Id.	RESIDENCE	Grangeville Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Vancouver B.C.
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Callow

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Id.

Filed Feb 1 1919 G. S. Stockton

Registrar

Registrar

AUG 17 1945

JUN 23 1970

DEC 22 1972

PLACE OF BIRTH

238-13 Idaho 025-763

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 103

File No. 65661

Primary Registration District No. 1001

Registered No. 5

FULL NAME OF CHILD ..... Floyd Edwin Schenck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Jan 31 (Month) (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Fourman E Schenck	FULL MAIDEN NAME	Ada C Pollen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Okla —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Oct 1 19 19 G. S. Stockton

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 1 6 1952

234-115-025-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 65662

No. _____ St.

Primary Registration District No. 1001

Registered No. 4

Hospital _____

FULL NAME OF CHILD Brennen William Stubblefield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fancho Stubblefield	FULL MAIDEN NAME	Obie Wines
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ark Carrol Co	BIRTHPLACE	Wis
OCCUPATION	Stockman	OCCUPATION	home

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Simons D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Grangeville Ida

Filed Feb 1 1919 G. S. Stockton

Registrar

Registrar

S-Y-CO 58071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1946

SEP 7 1946

693-127-225-365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 65663

No. ..... St.

Primary Registration District No. 1181 Registered No. 3

Hospital .....

FULL NAME OF CHILD Carl Otis ~~Wilson~~ Wilson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 27 1919

FATHER		MOTHER	
FULL NAME	Otis A Wilson	FULL MAIDEN NAME	Edna Long
RESIDENCE	Camp Lewis	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Soldier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5-10 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Filed Feb 1 1919 G S Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-828-025-964

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 65664

Primary Registration District No. 2181 Registered No. 2

FULL NAME OF CHILD Pauline Harriet Coulter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 24 1919

FATHER		MOTHER	
FULL NAME	Fredrick Coulter	FULL MAIDEN NAME	Mary E Rode
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:40 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 1 1919 G S Stockton
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 '94

AUG 26 1966

219-216-025-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Winona — Registration District No. 103 — File No. 65665

No. ..... St. — Primary Registration District No. 2181 — Registered No. 1

Hospital .....

FULL NAME OF CHILD Fay Alice Barry

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Jan 16 1919

FATHER		MOTHER	
FULL NAME	James A Barry	FULL MAIDEN NAME	Jennie E Leonard
RESIDENCE	Winona Idaho	RESIDENCE	Winona Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton (Physician or midwife)

Address Grangeville Idaho

Filed Feb 1 1919 G S Stockton Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1971

355 · 12 · 025 · 236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 65666

No. ..... St.

Primary Registration District No. 2181 Registered No. 7

Hospital .....

FULL NAME OF CHILD William James Lee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes	Jan 24 1919

FATHER		MOTHER	
FULL NAME	L. H. Lee	FULL MAIDEN NAME	Mary Sloan
RESIDENCE	Idaho Co.	RESIDENCE	Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Grangeville Ida
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Lee

Physician

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 1 19 19 G. O. Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL STA
CERTIFICATE OF BI

FEB 9 1944

961-212-001-356

PLACE OF BIRTH name added 12/12/80

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2400 Fairview St.

Hospital

Registration District No. 8

File No. 65668

Primary Registration District No. 2004

Registered No. 7

FULL NAME OF CHILD Roark, Ruth Maybelle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
f	0	10	yes	Jan (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asie W Roark.	FULL MAIDEN NAME	Azelia Lewis
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	N Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address 303 McCarty Bld

Filed 1/13 19..

L A Herman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 65668
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Infant Roark (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 12 1919 (Date of Event)

in Boise Idaho (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Ruth Maybelle Roark

Subscribed and sworn to before me this 12th day of December, 1980.

Notary Public, Florence Cartwright

Residing at Boise

My commission expires Lifetime

(Seal)

X Ruth M. Walters
Signature of Applicant

111 East 45th St. Boise Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

tc in office 12/12/80

Motors Insurance Corp. Mechanical Breakdown Policy holder gives name as Ruth M. Walters. policy No. 398234 dated 6/22/76 from Dawson-Dillon Oldsmobile GMC Inc. viewed by V. V. S.

Sons birth certif on file in Idaho #312344 born March 6, 1941 gives mother's maiden name as Ruth Maybelle Roark. viewed by VS

MARGIN RESERVED FOR ...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 394-212-001-544

County of Ada

City of Barber

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65669

Registration District No. 8

File No. .....

Primary Registration District No. 2004

Registered No. 3

Full Name of Child Mary Arlene Timmins

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Jan. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F Timmins	FULL MAIDEN NAME	Nettie Eddy
RESIDENCE	Barber Idaho	RESIDENCE	Barber Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Workman in Saw mill	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Idaho

Filed 1/23 1919 L. O. Spoman
Registrar

Registrar

OCT 4 1968

695 202 001-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1209 N. 25th St.

Hospital

Registration District No.

File No. 65672

Primary Registration District No.

Registered No. 2

FULL NAME OF CHILD Neva Noreen Freytag

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	1 — 2 — 1919

FATHER		MOTHER	
FULL NAME	Paul Freytag	FULL MAIDEN NAME	Pearl A. Jones
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Oregon
OCCUPATION	Refrigeration Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Boise Idaho

Filed 1/4 19 [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1943

652-103.od-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65677

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 8

FULL NAME OF CHILD George Hall Webber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 – 3 – 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Fred Webber	FULL MAIDEN NAME	Margaret M. MacLean
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	North Dakota
OCCUPATION	Linotype Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7⁰⁰ p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 1/15 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-213-001-797

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-47

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. .....

Primary Registration District No. .....

File No. 65678

Registered No. 9

FULL NAME OF CHILD Mary Jane Skillern

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fletcher H. Skillern	FULL MAIDEN NAME	Gertrude Piper
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Minn
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.45 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Brock

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed 1/26 1919 L. Hofman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1966

349-211-001-799

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Boise

Registration District No. ..... File No. 65679

No. ..... St.

Primary Registration District No. ..... Registered No. 10

Hospital St. Lukes

FULL NAME OF CHILD Dorothy Lou Curtis

Sex of Child	Twin / Triplet / or other	and	Number in order of birth	Legitimate?	Date of Birth
Girl			1	Yes	Jan. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C. Curtis	FULL MAIDEN NAME	Edith Griggs
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1/20 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1945

312-120 [illegible]-652

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 65680

No. 1117 Jefferson St.

Primary Registration District No. _____ Registered No. 11

Hospital St Luke

FULL NAME OF CHILD Alfred Wm Lash

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	single		1	yes	Jan 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J Lash	FULL MAIDEN NAME	Velma Webb
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	w	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Michigan
OCCUPATION	Cumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 1/23 1919 L P Forman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—2m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 18 1970

916-228 [illegible]-864

PLACE OF BIRTH

Form V.S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65682

County of Ada.

City of Boise

No. 1202-N.5 St.

Hospital St. Alphonsus,

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 13

FULL NAME OF CHILD Lois Young Rawlins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Jan 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson W Rawlins.	FULL MAIDEN NAME	Ruby Young
RESIDENCE	1202-N-5	RESIDENCE	1202-N-5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Salt Lake.
OCCUPATION	Salesman	OCCUPATION	House wife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill N.H.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 1/30 19__ L. R. Jerman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 65682

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Young Rawlins

Subscribed and sworn to before me this 13th
day of November, 1944

Notary Public, residing at Boise Idaho

My commission expires Jan 25-1948
(Seal)

Signed Orson W. Rawlins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

Nov 13 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.219.001-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65683

County of Ada

City of Boise

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 14

Hospital St. Luke's

FULL NAME OF CHILD Dorothy Lynn Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 — 19 — 1919

FATHER		MOTHER	
FULL NAME	E. L. Mills	FULL MAIDEN NAME	May Marshall
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Virginia	BIRTHPLACE	Iowa
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 a. M. on the date above stated.

(Signature) J. W. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 1-30 19 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

NOV 9 1942

635·122-001-313

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Alphonsus

Registration District No. ..... File No. 65684

Primary Registration District No. ..... Registered No. 15

FULL NAME OF CHILD Rolland Franklin Fletcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy R. Fletcher	FULL MAIDEN NAME	Tullie Miranda Tate
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 1/30 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-229-001-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. _____ File No. 65685

Primary Registration District No. _____ Registered No. 16

FULL NAME OF CHILD PHYLLIS IRENE KEENER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Kenneth B. Keener.	FULL MAIDEN NAME	Jessie Johnson
RESIDENCE	822 McKinley.	RESIDENCE	822 McKinley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Civil Engr.	OCCUPATION	House wife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 36 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill. N.H.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 1/30 1919 L. R. Forman Registrar

S-Y-CO 38071

STATE OF IDAHO
- DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Denver } ss.

Certificate No. 65685

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for a girl (Name on Original Certificate) who was born (Was Born or Died) on January 29, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy and baby-book record, the latter (Bible Record, Insurance Policy, Etc.) prepared on Feb. 12 to 15, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Phyllis Irene Keener

Subscribed and sworn to before me this 18 day of June, 1942

Georgia Evans
Notary Public, residing at Denver Colo

My commission expires May 8, 1945. (Seal)

Signed Kenneth Bixby Keener
(Signature of parent or attendant of correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2615 Albion St., Denver, Colorado.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado }
County of Denver } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of June, 1942

Georgia Evans
Notary Public, residing at Denver Colo

My commission expires May 8, 1945. (Seal)

Signed Jessie Keener
(Signature of Any Credible Person Other Than Previous Year)

2615 Albion St., Denver, Colorado.
(Street Address, City, State)

JUN 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259.130.001-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 65687

No. ..... St.

Primary Registration District No. 1004 Registered No. 18

Hospital St Alphonsus

FULL NAME OF CHILD Byron Joseph Knight Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Byron Joseph Knight	FULL MAIDEN NAME	Ida M. Baltzor
RESIDENCE	Dead	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 30th, at 5:30 a M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 1/31 1919 L. R. Firman

Registrar

Registrar

S-Y-CO 38071

295-110-001-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 65688

Primary Registration District No. 1004 Registered No. 10

FULL NAME OF CHILD James Ashmond Kincaid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 10 1919

FATHER		MOTHER	
FULL NAME	Jas E. Kincaid	FULL MAIDEN NAME	Pearl D. Hayden
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Boise	BIRTHPLACE	Alka
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 5:30 A. M. on the date above stated.

(Signature) Dr. J. Carl Hill, M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1/30 19 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-9-8-15

[redacted]

65689

County of [redacted]

City of Bocan

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 20[redacted]

Hospital St. Lukes

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				1 9 19[redacted]

FATHER		MOTHER	
FULL NAME	Joseph D Carpenter	FULL MAIDEN NAME	Mary Brackett
RESIDENCE	Regina	RESIDENCE	Regina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	N. D.
OCCUPATION	carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 1/30 19[redacted]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-216-
029-218

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 65690

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Helen. Burr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	yes.	Jan 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans. Burr.	Vera Saye.
RESIDENCE	Potlatch	Potlatch
COLOR	whita	Whiti
AGE AT LAST BIRTHDAY (Years)	21	23
BIRTHPLACE	Idaho	Wash.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jr Thompson.
M.D.
(Physician or midwife)

Address Potlatch Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan 31 1919 Dr. Jr Thompson
Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-12 4.029.845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Harvard

Registration District No. 65

File No. 65692

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital At home

FULL NAME OF CHILD Fred Owen Smith.

Sex of Child: Boy	Twin, Triplet or other? ✓ (To be answered only in event of plural births)	and Number in order of birth ✓	Legitimate? yes	Date of Birth: 1st (Month) 24 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Harry James Smith	FULL MAIDEN NAME: Rena Mae Brenner
RESIDENCE: Harvard Ida	RESIDENCE: Harvard, Ida
COLOR: White. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Grand Haven Mich	BIRTHPLACE: Farmington Wash
OCCUPATION: Farmer	OCCUPATION: Farmer

Number of child of this mother, including present birth: Three.

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6 15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S Brenner

Midwife (Physician or midwife)

Address Harvard Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 29 19 19. Dr. J.W. Thompson Registrar

S-Y-CO 38071

11-7-41

JUL 30 1942

DECLASSIFIED

156-208-0292689 (Be sure the information is complete and accurate)

Amended 3-28-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 65694
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Lula
b. (Middle): Jane
c. (Last): Jeffers

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): January 8, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Clyde
b. (Middle): Franklin
c. (Last): Jeffers

8. AGE (At time of this birth): 20 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nettie
b. (Middle):
c. (Last): Whitney

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. W. Thompson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Potlatch, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan. 16, 1919
22. REGISTRAR'S SIGNATURE: Dr. J.W. Thompson
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

MAR 27 1968

Bureau of Vital Statistics

State of IDAHO
County of Latah } ss.

Certificate No. 65694

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lulu June Jeffries (Name on Original Certificate) who was born (Was Born or Died) on January 8, 1919 (Date of Event)

in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Lulu June Jeffries	Lula Jane Jeffers
Father's Last Name	Jeffries	Jeffers

Subscribed and sworn to before me this 26 day of March, 1968

Notary Public, residing at Moscow, Idaho

My commission expires October 5, 1971

(Seal)

Signed Nettie Whitney Coffman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Box 16
Potlatch, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1968

Notary Public, residing at Moscow, Idaho

My commission expires October 5, 1971.

(Seal)

Signed Nettie Osterlund

(Signature of Any Credible Person)

930 Pine, Potlatch, Idaho

(Street Address, City, State)

FORM DH 60-155

CL. 3-5-68. nm.
3-30-68

Family Bible, obviously old, gives one child's name as Lula Jane Jeffers, born January 8, 1919, also states that Clyde Franklin Jeffers and Nettie Jane Whitney were married January 2, 1918 at Colfax, Wash. - viewed by V.S.

Marriage License and Certificate, married Nov. 24, 1937, gives name of XXXX Groom as Elmer Phillip Schultz and Bride as Lula Jeffers, married Moscow, Idaho = viewed by V.S.

XXXXXXXXXXXXXXXX
Social Security Account Number 531-18-6660, gives name as Clyde Franklin Jeffers, issued Dec. 5, 1939 - viewed by V.S.

866-122-029-735

PLACE OF BIRTH

County of Latah

City of P.O. Palouse

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

65695

Registration District No. 65 File No. ____

Primary Registration District No. 2145 Registered No. ____

FULL NAME OF CHILD Willis Albert Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alva Burton Howell	Bertha Clear Howell
RESIDENCE	5 mi. East Palouse	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	23
BIRTHPLACE	Idaho.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Address Palouse Wash

Filed Jan 27 1919 D. J. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1944

238-107
023-214 Gem

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 65700

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

Full Name of Child Frank Schneider

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			1	yes	1 7 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Schneider	Jennie Sams
RESIDENCE	Emmett	Emmett
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Switzerland	Emmett
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5. A.M. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Schneider

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

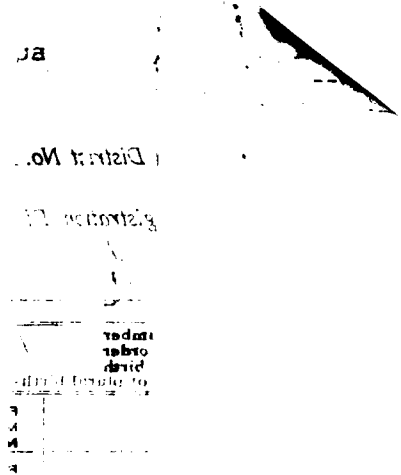
..... Registrar

Filed Jan 28 1919 J. C. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for ea of each, in order of birth stated.



SEP 17 1975

419-117-023-719

PLACE OF [illegible]

County of [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

City of Emmett Registration District No. 6 File No. 65701

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD [illegible] Martin Harold Harkness

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 - 17 1919

FATHER	MOTHER
FULL NAME: John Albert Martin	FULL MAIDEN NAME: Margaret Elsie Parrish
RESIDENCE: Emmett Ida	RESIDENCE: Emmett
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Idaho
OCCUPATION: Carpenter	OCCUPATION: House wife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 9 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1 - 24 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 65701

State of ..... } ss.

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Boyd	Harvel Harkness Martin

Subscribed and sworn to before me this 7th day of May, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed x Margaret Martin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 1943

968-123-023-795

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Lethia

Registration District No. 6

File No. 65702

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ned E. Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 23 1919

FATHER	MOTHER
FULL NAME Robert Bruce Ross	FULL MAIDEN NAME Ella Jane Preston
RESIDENCE Emmett R.F.D.#2	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Canada
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 12 A M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 1-23 1919 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE ... NLY WITH UNFADING INK—THIS IS A PERMANEN...

OCT 29 1963

168-211-023-389

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett — Registration District No. 6 — File No. 65703

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Esther Estes Lorraine Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1 — 11 — 1917

FATHER		MOTHER	
FULL NAME	William Manuel Johnson	FULL MAIDEN NAME	Mary Dafneal Chickeles
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 1 — 13 — 19

J. L. Reynolds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25k109-023-643

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65704

County of Gem

City of Emmett Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Robert Thomas Knox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 6 1919

	FATHER	MOTHER
FULL NAME	Walter Knox	FULL MAIDEN NAME Carey May Fulton
RESIDENCE	Emmett Ida	RESIDENCE Maine
COLOR	White	White
AGE AT LAST BIRTHDAY	46 (Years)	41 (Years)
BIRTHPLACE	Idaho	Penn
OCCUPATION	Farming	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 25a M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 1-13 1919 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

714705 · 023-391

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 65705

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Clifford Nelson Paddock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William S Paddock	FULL MAIDEN NAME	Mary Verna Cramer
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Emmett

Filed 1-13-1919 J. L. Reynolds
Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 2019

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-211-034-

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

County of Minidoka

City of Heyburn

No. RFDI St.

Hospital

Registration District No. 117

File No. 65707

Primary Registration District No. 2196

Registered No. 1155

FULL NAME OF CHILD Margaret Bernice Stilwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	1		1	yes	Jan. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. J. Stilwell	FULL MAIDEN NAME	Katherine Belle Small
RESIDENCE	Heyburn R I	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farm	OCCUPATION	Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 930 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

~~Jan.~~ Feb. 6 1919

Address Burley Idaho

~~F. H. Cutler~~ Registrar

Filed Feb. 6 1919

F. H. Cutler Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
AUG 15 1942

JUN 15 1948

AUG 27 1963

MAR 27 1964

AUG 20 1974

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form ... 25m-9-8-17

PLACE OF BIRTH

412-169-031-153

County of Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65708

City of Ilo R.F.D. #2

Registration District No. 60

File No.

No. ..... St.

Primary Registration District No. 2129

Registered No. 1

Hospital

FULL NAME OF CHILD Dale Edward Mabbott

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Guy Edward Mabbott	FULL MAIDEN NAME	Thea Helena Jelleberg
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Ilo Idaho

19

Filed 1/25 1919 R. E. Dunlap

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTIC

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

of .....

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 232

PLACE OF BIRTH
(a) County Lewis (b) City Ilo
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 11 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Ilo
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has **MOTHER** lived in Idaho? 26 yrs
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

FULL NAME OF CHILD DALE EDWARD MABBOTT

5. Date of Birth (Month, day, year) Jan. 14 1919

Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Guy Edward Mabbott

Color or Race White

12. Age at time of THIS birth 32 yrs.

Birthplace Wisconsin
(City or town) (State or foreign country)

Exact Occupation Farmer

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thea Olena Jelleberg

17. Color or Race White

18. Age at time of THIS birth 32 yrs

19. Birthplace Norway
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum ____

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 10:00 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Thea Olena Mabbott, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

(a) JUN 21 1941 (b) E. E. Dunlap
(Date received) (Registrar's signature)

Given name added on ____ by ____
(Registrar's signature)

25. Attendant's **OWN signature** ____ M.D.
(D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thea O. Mabbott, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Dale Edward Mabbott as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that R. E. Dunlap, who attended
(Name of attendant at birth)
the birth Cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Thea O Mabbott
Signature

Craigmont, Idaho.
P. O. Address

Subscribed and sworn to before me on this 24 day of June, 1941.

(SEAL)

Clarence Taylor
Notary Public, residing at Craigmont

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-110-

PLACE OF BIRTH

d6-215

County of Cassia

City of Burley

No. R7D 1 St.

Hospital [redacted] LYLE PERCY

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 117

File No 65709

Primary Registration District No. 2196

Registered No. 1156

FULL NAME OF CHILD [redacted] Worthington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Jan. 10 19

FATHER

FULL NAME Percy Worthington

RESIDENCE Burley R7D 1

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Farm

MOTHER

FULL MAIDEN NAME Emma Sanders

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Switzerland

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 11 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Feb. 19..

Registrar

Address Burley Idaho

Filed Feb. 6 19 19

F H Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 65709

State of Idaho } ss.
County of Wasco

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lyle Percy Worthington (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 10, 1919 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 2-1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lyle P. Worthington
		Lyle Percy Worthington

Subscribed and sworn to before me this 18
day of May, 1942.

Notary Public, residing at Burley Idaho
My commission expires Feb 17, 1944
(SEAL)

Signed Emma Worthington
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of May, 1942.

Notary Public, residing at Burley Idaho
My commission expires Feb 17, 1944
(SEAL)

Signed Geo A Hymas
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Woodcliff
Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 21 1942 By

(REGISTRAR'S SIGNATURE)

MAY 25 1942

MAY 1951

591-104-016-363

PLACE OF BIRTH

County of Cassia

City of Burley

No. R 7 D 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 117 File No. 65714

Primary Registration District No. 2196 Registered No. 1161

FULL NAME OF CHILD Baby Crane Paul George

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	Yes	Feb 4 19

	FATHER	MOTHER
FULL NAME	Leroy E. Crane	FULL MAIDEN NAME Mary Cottrell
RESIDENCE	Burley R 7 E 2	RESIDENCE Same
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farm	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 6 1919 F. H. Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-23-1904 D.P.

966-103-016-442

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65715

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1162

FULL NAME OF CHILD Russell Smith Rooker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Feb. 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W. Rooker	FULL MAIDEN NAME	Martha Duke
RESIDENCE	Albion	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed Feb 6 1919 F H Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,)
) SS.
COUNTY OF BLAINE,)

JAMES W. ROOKER and MARTHA J. ROOKER, of Bellevue, Blaine County, Idaho, being first duly sworn, depose and say:

That they are the father and mother, respectively, of RUSSELL SMITH ROOKER; that said Russell Smith Rooker was born at Albion, Idaho, on Feb. 3, 1919.

This affidacit is made for the purpose of securing a birth certificate for said Russell Smith Rooker, and we certify that Mrs. R. H. Wright, who prepares such affidavits in Blaine County, is out of the City and will be away ten days or more, and there are no blanks for said purpose available.

IN WITNESS WHEREOF, we have set our hands this 11th day of August, 1941.

James W. Rooker

Martha J. Rooker

Subscribed and sworn to before me this 11th day of August, 1941.

Notary Public residing at Hailey, Idaho.
My Commission expires Feb. 24, 1944.

128-231-016-128

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65716

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 119

File No. .....

Primary Registration District No. 2196

Registered No. 1163

FULL NAME OF CHILD Baby Asher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
7	1	1	No	Jan 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	unknown	FULL MAIDEN NAME	Lela Asher
RESIDENCE		RESIDENCE	Albion
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Student

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith Md

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Feb 6 1919 F H Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1944

APR 30 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

760123-034-434

PLACE OF BIRTH

Amended 7/24/78

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No. RFD. St.

Hospital

Registration District No. 117

File No. 65717

Primary Registration District No. 2196

Registered No. 1164

FULL NAME OF CHILD J. T. Pool

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	yes	Jan 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Landrum E. Pool	FULL MAIDEN NAME	Nola McDonald
RESIDENCE	Hazelton RFD.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	So. Carolina	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Filed 7 6 1919 F. H. Cutler

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 2 11 38 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65717

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Pool (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 23, 1919 (Date of Event)
in Hazelton, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Baby Pool	J. T. Pool

Subscribed and sworn to before me this 23 day of May, 1978

Notary Public, residing at Spokane

My commission expires 11-22-78

(Seal)

Signed: Kathryn Pool Young (SISTER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3231 W Boone Lot 27 Spokane, Wash 99201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 19 78

Notary Public, residing at Spokane

My commission expires 11-22-78

(Seal)

Signed: Lois Pool Nelson
(Signature of Any Credible Person)

E 18 519 Maxwell (Sister)
(Street Address, City, State)
Greenacres, Wn. 99016

FORM DH 60-155

CL 5/15/78 nm

Honorable Discharege from the U.S. Navy gives name as J. T. Pool dated Feb 20, 1958. Born Jan 23, 1919 viewed by V. S.

JUL 27 1978

Certif of Service from Defense Language Institute (West Coast Branch) gives name as J. T. Pool in acknowledgement of 10 yrs. service. dated June 26, 1971 viewe by V. S.

279-123-034-785

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. R.F.D. St.

Hospital Jesse Cohert

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 117

File No. 65718

Primary Registration District No. 2196

Registered No. 1165

FULL NAME OF CHILD ~~Baby~~ Sprague

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	yes	Jan 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Sprague	FULL MAIDEN NAME	Celia May Greey
RESIDENCE	Hazelton R F D	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Canada
OCCUPATION	Farm	OCCUPATION	Hsf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Filed Feb 6 1919

F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
BUREAU OF VITAL STA
CERTIFICATE OF DE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-121-016743

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted] STATE OF IDAHO
BUREAU [redacted] STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

65719

Registration District No. 17 File No. .....

Primary Registration District No. 2196 Registered No. 1166

FULL NAME OF CHILD Saxton, William Glenn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1		1	Yes	June 21 1917

(To be answered only in event of plural births)

FATHER

FULL NAME William L. Saxton

RESIDENCE Burley R 7 & 2

COLOR W AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Utah

OCCUPATION Farm

MOTHER

FULL MAIDEN NAME Kathleen Pulsipher

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Arizona

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 6 1917

F. K. Carter

Registrar

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 29 11 03 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of TWIN FALLS

Certificate No. 65719

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Saxton (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 21, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William Glenn Saxton
		Saxton

Subscribed and sworn to before me this 28th day of September, 1976

Michael J. Mills

Notary Public, residing at TWIN FALLS

My commission expires 5-30-78

(Seal)

Signed X William Solomon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

KIMBERLY, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of TWIN FALLS

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1976.

Michael J. Mills

Notary Public, residing at TWIN FALLS

My commission expires 5-30-78

(Seal)

Signed Viola Saxton

(Signature of Any Credible Person)

1635 3RD AVE E

TWIN FALLS, Idaho

(Street Address, City, State)

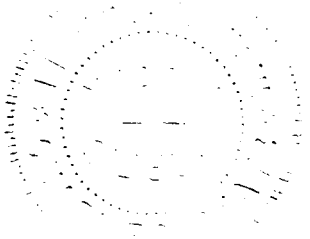
FORM DH 60 155

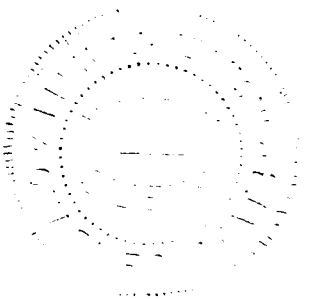
CL 9/22/76 nm

Honorable Discharge from the U.S. Navy gives name as William Glenn Saxton, Seaman First Class ~~USN~~R dated Dec 21, 1945. born Jan 21, 1919 at Burley, Idaho. viewed by V. S.

OCT 1 2 1976

Insurance application from the Prudential Ins. Co of America giv s name as Willaim Glenn Saxton, born Jan 21, 1919. dated May 3, 1966. viewed by V. S.





319116-016-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R 7d St.

Registration District No. 117

File No. 65720

Primary Registration District No. 2196

Registered No. 1167

Hospital

FULL NAME OF CHILD Allen William Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Jan 16 1917

FATHER		MOTHER	
FULL NAME	Adelbert W. Carter	FULL MAIDEN NAME	Alice M. Alley
RESIDENCE	Burley R 7d	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsfe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 6 1917

F. W. Carter

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-209-016-386

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

65721

Registration District No. 119 File No. .....

Primary Registration District No. 2196 Registered No. 1168

FULL NAME OF CHILD Wanda Blanche Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern Wilson	FULL MAIDEN NAME	Mamie Thompson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colo.
OCCUPATION	Labour	OCCUPATION	Domestic

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Idaho

Filed Feb. 9 1919 F H Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1953

313104-016-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-G—2km-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65723

Registration District No. 117 File No. .....

Primary Registration District No. 296 Registered No. 170

FULL NAME OF CHILD ~~Baby~~ Nolan B. Call (Nolan B. Call)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
boy			yes	Jan. 4 (Month) (Day) 191 7 (Year)

FATHER

FULL NAME J. R. Call

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laverna Bowcutt

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Idaho

OCCUPATION Domestic

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 9 1917

F. H. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

S. No. 11-G-[illegible]

65724

PLACE OF BIRTH

356-103-016-356

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1171

FULL NAME OF CHILD Burt Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		no	Feb. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	unknown	FULL MAIDEN NAME	Lilly Lewis
RESIDENCE	"	RESIDENCE	Burley, Idaho
COLOR	" AGE AT LAST BIRTHDAY unknown (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	"	BIRTHPLACE	Idaho
OCCUPATION	"	OCCUPATION	Dom.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Feb. 7 1919 F. H. Cutler

Registrar

Registrar

BUREAU OF

794-206-034-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-O—20m-8-8-17

65725

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1172

FULL NAME OF CHILD ..... Baby Gruwell BETH GRUWELL .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Feb 6 1919

FATHER		MOTHER	
FULL NAME	Orval M. Gruwell	FULL MAIDEN NAME	Edith Moon
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Hunter M. D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 9 19 19 F. Hunter

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa }

Certificate No. 65725

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Beth Gruwell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 6, 1919 (DATE OF EVENT)
in Heyburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 24, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Beth Gruwell

Subscribed and sworn to before me this 22nd
day of January, 1943.

Signed O M Gruwell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Phoenix, Arizona

My commission expires Aug. 25, 1943.
(SEAL)

Rte 10 Box 824
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of January, 1943.

Signed H. C. Brown
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Phoenix, Ariz

My commission expires Aug. 25, 1943.
(SEAL)

1756 East Yale St Phx
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 1 1943 By
(REGISTRAR'S SIGNATURE)

FEB 1 1943

795105-034-697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minedoka

City of Heyburn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 65726

Primary Registration District No. 2196 Registered No. 1173

FULL NAME OF CHILD ~~Bobby~~ Prescott Wilford James

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James T. Prescott	FULL MAIDEN NAME	Hannah Wixom
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Idaho

Filed Feb. 9 1919 F. H. Cutter

Registrar

Registrar

JUL 19 1943

444-229-016-269

[redacted]

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 65727

Primary Registration District No. 2196 Registered No. 1174

FULL NAME OF CHILD ~~Baby Dudley~~ THELMA ANN DUDLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. F. Dudley	FULL MAIDEN NAME	M. A. Bordors
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

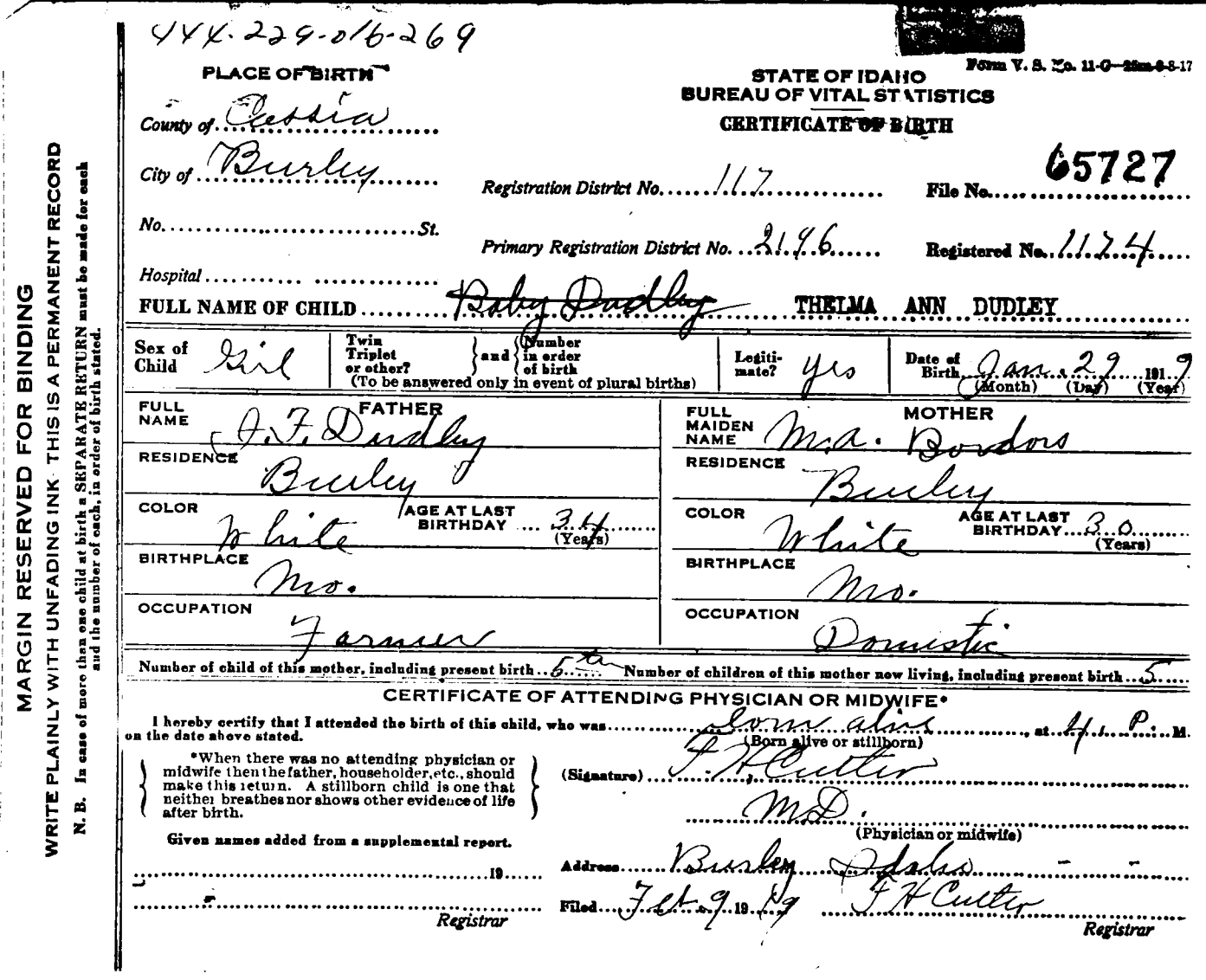
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Feb. 9 1919 F. H. Cutler
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Tulsa }

Certificate No. 65727

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for Thelma Ann Dudley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 29 1919 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Thelma Ann Dudley

Subscribed and sworn to before me this 22nd day of June, 19 [illegible]

Notary Public, residing at [illegible]

My commission expires 2/25/1946 (SEAL)

Signed Mertie Alice Dudley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1648 N. Wheeling Tulsa Okla
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

967-708-016-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65728

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1175

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				yes	Jan. 8 19[illegible]

FATHER		MOTHER	
FULL NAME	C. H. Roper	FULL MAIDEN NAME	Hope Dack
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. H. Carter M.D.

(Physician or midwife)

Address Burley Idaho

Filed Feb 9 19 17 F. Hunter Registrar

356-224-016-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 65729

Registered No. 1176

FULL NAME OF CHILD Baby Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Lewis	FULL MAIDEN NAME	Bella Jenkins
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Domestic

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Idaho

Filed Feb. 9 1919

F H Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369128.034-234

PLACE OF BIRTH

STAT[redacted]
BUREAU OF [redacted]
CERTIFIC[redacted]

County of Miradoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 117

File No. 65730

Primary Registration District No. 2196

Registered No. 1177

FULL NAME OF CHILD Seth Stewart Corless

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	yes	yes	Jan. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. Corless	FULL MAIDEN NAME	Lulu R. Stewart
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bushy, Idaho

Filed Feb. 9 1919 F H Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 6 1942

356-113-016-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 65731

Registered No. 178

FULL NAME OF CHILD Baby Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	June 13 1917

FATHER

FULL NAME: Wm L. Lewis

RESIDENCE: Burley

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Stock dealer

MOTHER

FULL MAIDEN NAME: Minnie Nina Lowry

RESIDENCE: Burley

COLOR: White

AGE AT LAST BIRTHDAY: ..... (Years)

BIRTHPLACE: Utah

OCCUPATION: Domestic

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:15 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 9 1918

F. H. Cutler

Registrar

619-116-016-859

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65732

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1179

FULL NAME OF CHILD ~~Baby Warr~~ Ronald Wm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Jan 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. M. Warr	FULL MAIDEN NAME	Audrey Heiner
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Idaho

Filed Feb 9, 1919 F H Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-12-01-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

65734

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1181

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Glenn I. Webb

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 21 1919

FATHER

FULL NAME: Irwin Webb

RESIDENCE: Burley

COLOR: white

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Snowflake, Arizona

OCCUPATION: None

MOTHER

FULL MAIDEN NAME: Myrtle Bronson

RESIDENCE: Burley

COLOR: white

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Yost - Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D.

per L.B.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 7 19 19

F. W. Cooley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-122-016293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 65735

Primary Registration District No. 2196

Registered No. 1182

FULL NAME OF CHILD Edward Lavelle Vallette

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence W. Vallette	FULL MAIDEN NAME	Wilma Lenora Silver
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pittsburgh Pa	BIRTHPLACE	Silver Tamon - Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D. per L.B.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Feb. 9 1919 F H Cuver

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 30, 1940. E.W.

869-130-016553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65736

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1183

FULL NAME OF CHILD George Horrace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. E. Gibson	FULL MAIDEN NAME	Nettie Nelson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Riverdale Utah
OCCUPATION	[illegible] - Sugar Factory	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. Rex P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Registrar

Filed Feb 7 1919

F. H. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-122-016-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 65737

Primary Registration District No. 2196

Registered No. 1184

FULL NAME OF CHILD ~~No Name~~ Phil William Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Crane	FULL MAIDEN NAME	Evelyn ~~Evaline~~ Rideout
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Fort Harriman, Utah	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.

Per L. E. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

..... Registrar

Filed Feb 9 1919

F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/41 L. P.

496.210.016 957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

65738

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 115

FULL NAME OF CHILD Baby Drussel

Sex of Child ♀ | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb 10 1917 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME David Drussel	FULL MAIDEN NAME Darlene Read
RESIDENCE Don't Know	RESIDENCE Burley Idaho
COLOR W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Soldier	OCCUPATION Dom.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 10 1917 F H Cutler

Registrar

845-103-035-267

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ney Perce

City of Spalding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97 File No. 65739

Primary Registration District No. 2174 Registered No. -1-

FULL NAME OF CHILD Frank Benford Huntley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Jan 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wheaton E. Huntley	FULL MAIDEN NAME	Lena A. Boggs
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	White AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth seven Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel
MD.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lapwai Ida.

Filed 1/5 1919 William P H Habel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15X-121035-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Ney Perce

City of Spalding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65740

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. -2-

FULL NAME OF CHILD Frank Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Jan 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Niles Anderson	FULL MAIDEN NAME	Edith Stuller
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lapwai Ida.

Filed 1/22 1919 William P H Habel Registrar

..... Registrar

DCP OF 19-319691

313-226-035-714

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 97

File No. 65741

Primary Registration District No. 2074

Registered No. 3

FULL NAME OF CHILD Helen Kathryn Miss ~~Kell~~ Callan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		1	yes	January 24 1919

FATHER

FULL NAME Thomas Leonard Callan

RESIDENCE Culdesac Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE South Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Johannah Gamble Callan

RESIDENCE Culdesac Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wis Kansas

OCCUPATION Home work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A M. on the date above stated.

(Signature) Mrs G K Hyland

Midwife (Physician or midwife)

Address Culdesac Nez Perce Co Idaho

Filed Jan 30 1919 William P. Hart Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 21-156

[illegible]

County of Franklin

City of Mink Creek

Registration District No. 27 File No. 65742

No. ..... St.

Primary Registration District No. 2119 Registered No. 1

Hospital .....

FULL NAME OF CHILD ..... QUENTIN Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Nielsen	FULL MAIDEN NAME	Margaret Jewett
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Beare Lake Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

~~Also~~ Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mink Creek

Filed Feb. 11 1919 Drake Cuder Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

STATE OF IDAHO

COUNTY OF FRANKLIN--SS

Wilford Nielsen and his wife Margaret Jewett Nielsen each being duly sworn deposes and says that they are the father and mother respectively of Quentin Nielsen also known as Quentin Nelson, and that their son Quentin Nielsen also known as Quentin Nelson was born at Mink Creek, Franklin County, Idaho January 9, 1919, and that this affidavit was made for the purpose of having the records corrected and so that a certificate of birth can be obtained for the use of the said Quentin Nielsen also known as Quentin Nelson.

IN WITNESS WHEREOF, We have hereunto set our hands this 26th day of December, 1941.

Wilford Nielsen

Margaret Jewett Nielsen

Subscribed and sworn to before me this 26th day of December, 1941.

H Allen

Notary Public
Preston, Idaho

670

463-115-021-889

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 65743

Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Jan. 15 (Month, Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Mockli	FULL MAIDEN NAME	Freda Chrestena Mockli
RESIDENCE	Cleveland Idaho	RESIDENCE	Cleveland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5: 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 11 19 2 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-206-021-155

PLACE OF BIRTH

Form V. S. No. 11-G—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27

File No. 65744

Primary Registration District No. 2119

Registered No. 3

FULL NAME OF CHILD Venna Swainston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 6 1919

FATHER		MOTHER	
FULL NAME	John E. Swainston	FULL MAIDEN NAME	Annie J. Jensen
RESIDENCE	Whitney Idaho	RESIDENCE	Whitney Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Whitney Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth I ..... Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Feb 11 1919

Dr. [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Baptism and Confirmation, Feb. 20, 1927 gives full name of child as Venna Swainston, born Feb. 6, 1919 at Whitney, Idaho to John E. Swainston and Anna Jensen - viewed by V.S. and L.D.S. Junior Seminary Certificate, 1932-1933 gives full name as Venna Swainston - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County, of ..... } ss.

Certificate No. 65744

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Swainston (Name on Original Certificate) who born (Was Born or Died) on Feb. 6, 1919 (Date of Event)
in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Venna Swainston

Subscribed and sworn to before me this 16 day of August, 19 60

Notary Public, residing at Preston, Idaho
My commission expires February 6, 1961
(Seal)

Signed John E. Swainston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Idaho # 3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of August, 19 60

Notary Public, residing at Preston, Idaho
My commission expires February 6, 1960
(Seal)

Signed Ruth C. Palmer
(Signature of Any Credible Person)

Preston, Idaho Route 3
(Street Address, City, State)

FORM DH 60-155

CL 7-21-60. one copy pd. receipt #04783.

AUG 26 1960

469-205-021-266

PLACE OF BIRTH

Amended 7-8-60

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton, Idaho

No. ..... St.

Registration District No. 27 File No. 65745

Hospital ..... Primary Registration District No. 2119 Registered No. 4

FULL NAME OF CHILD Beth Morrison
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb. 5, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Earl Morrison	FULL MAIDEN NAME	Evalean Bowden
RESIDENCE	Dayton, Idaho	RESIDENCE	Dayton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Dayton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A.m. ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Culter

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2-11-19 ... Dr. A.R. Culter
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Box Elder }

Certificate No. 65745
Date Filed Oct. 21, 1959

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1919 (Date of Event)
in Dayton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (on back) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	"unnamed"	Beth Morrison

Subscribed and sworn to before me this 21 day of Oct., 19 59

Notary Public, residing at Brigham City, Utah
My commission expires Mar. 10, 1960
(Seal)

Signed John Earl Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD 2 Box 109 Brigham City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Oct., 19 59

Notary Public, residing at Brigham City, Utah
My commission expires Mar. 10, 1960
(Seal)

Signed E. Leonard Ingmanson
(Signature of Any Credible Person)

317½ 26 st ogden utah
(Street Address, City, State)

DPH 52.155

1. Jerome High School Diploma, issued May 27, 1937, gives name as Beth Morrison. Viewed by V.S.
2. Certificate of Baptism and Confirmation, issued August 30, 1959, originally dated June 1, 1930, gives name as Beth Morrison Ivers. Viewed by V.S.

813-124-021-41

PLACE OF BIRTH

Form V. S. No. 11-G—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Idaho

No. ..... St.

Hospital .....

Registration District No. 27 File No. 65746

Primary Registration District No. 2119 Registered No. 5

FULL NAME OF CHILD Roland D. Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Howard Hall	FULL MAIDEN NAME	Armorel Dalley
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Fariview Idaho	BIRTHPLACE	Summit Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed Feb. 11 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1973

396-122-021-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. Rule. R-G—25m-8-8-17

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 65747

Primary Registration District No. 2119 Registered No. 6

FULL NAME OF CHILD Quinten E. Crockett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Alvin Crockett	FULL MAIDEN NAME	Zulena Louise Peterson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Feb. 11 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/11/41 L. B.

753-221.02.253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2m-9-8-17

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27

File No. 65748

Primary Registration District No. 2119

Registered No. 7

FULL NAME OF CHILD Gwen Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Alvin Peterson	FULL MAIDEN NAME	Sarah Thersa Keller
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Mink Creek Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Feb 11 1919 [signature]

Registrar

Registrar

965-117021-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 65749

Primary Registration District No. 2119 Registered No. 8

FULL NAME OF CHILD Larry Mower Roe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 17 192

FATHER		MOTHER	
FULL NAME	Watkin L. Roe.	FULL MAIDEN NAME	Gwen Mower
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	News Paper Man	OCCUPATION	Houee Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [illegible] 19 [illegible]

Registrar

MAR 9 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 65749

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Larry Mower Roe (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Larry Mower Roe

Subscribed and sworn to before me this 28th
day of February 1945.
Paul C. Taylor
Notary Public, residing at Los Angeles, Cal.
My commission expires My Commission [illegible] December 27, 1945.
(Seal)

Signed Gwen Hadfield (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
170 So Mountain View
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of February 1945.
Paul C. Taylor
Notary Public, residing at Los Angeles, Calif.
My commission expires My Commission [illegible] December 27, 1945.
(Seal)

Signed Leora L. Worley.
(Signature of Any Credible Person Other Than Previous Year)
1939 N. Kenmore
(Street Address, City, State)
Los Angeles, California.

JUN 14 1976

MAR 1 0 1945

155-119021-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2km-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 65750

Primary Registration District No. 2119 Registered No. 8

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 19 ..... 191..9

FATHER	MOTHER
FULL NAME: Daniel Jensen	FULL MAIDEN NAME: Anita M. Jenson
RESIDENCE: Mink Creek Idaho	RESIDENCE: Mink Creek Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Mink Creek Idaho	BIRTHPLACE: Mink Creek Idaho
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mark Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 11 19 9 Mark Cutler Registrar

253-216-021-553

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65751

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 10

FULL NAME OF CHILD Josephine Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Jan 16. (Month) 9 (Day) 191... (Year)

FATHER	MOTHER
FULL NAME Heber T. Keller	FULL MAIDEN NAME Catherine Josephine Nelson
RESIDENCE Banida Idaho	RESIDENCE Banida Idaho
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Mink Creek Idaho	BIRTHPLACE Logan Utah.
OCCUPATION Merchant	OCCUPATION House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:00A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 11 19 9 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] IRTH

263-226-043-267

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

Registration District No. 15-

File No. 65768

No. _____ St.

Primary Registration District No. _____

Registered No. 178

Hospital none

FULL NAME OF CHILD Wilma Matilda Bollari

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1 26 1919

FATHER		MOTHER	
FULL NAME	John Bollari	FULL MAIDEN NAME	Olga Bollari
RESIDENCE	Cascade Idaho	RESIDENCE	Cascade Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) John Bollari

Father attendant (Physician or midwife)

Address Cascade Idaho

Filed Feb 19 1919 Mary K. McDonald Registrar

Dept

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

358 118.043-795

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Donnelly

No. _____ St.

Hospital _____

Registration District No. 15

File No. 65769

Primary Registration District No. _____

Registered No. 179

FULL NAME OF CHILD Alvin Osvald Lehti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	1 18 1919

FATHER		MOTHER	
FULL NAME	Fred Lehti	FULL MAIDEN NAME	Ida Prenkki
RESIDENCE	Donnelly Ida	RESIDENCE	Donnelly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Vera Ax

Nurse (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Donnelly Ida

Filed Feb 10 1919 Mary McDonald Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 15 1954

JUL 5 1962

149-225-022

PLACE OF BIRTH

Form V. S. No. 11-C

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]ICATE OF BIRTH

County of Fremont

City of Dubois

Registration District No. 125

File No. 65271

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD Sarah Adrian

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	B. P. Adrian	FULL MAIDEN NAME	Sarah Isaac
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois, Idaho.

Filed Jan 31 1919 C. E. Jones M.D.

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]-2[illegible]m-0-8-17

STATE OF [illegible]
BUREAU OF [illegible] STICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registr[illegible]

Reg[illegible]

Ent. No. [illegible]

Registered No. .....

855-224-026-391

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Jefferson

City of Camas

No. ..... St.

Hospital .....

Registration District No. 125

Primary Registration District No. 2203

File No. 65772

Registered No. .....

FULL NAME OF CHILD Wanda Arelina Hendricksen

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1 (Month) 24 (Day) 1919 (Year)

FATHER

FULL NAME Joseph Hendricksen

RESIDENCE Camas

COLOR White

AGE AT LAST BIRTHDAY 61 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Violet C Cram

RESIDENCE Camas

COLOR White

AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD (Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan 25 1919

C E Jones MD Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 24 2 54 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Bernardino } ss.

Certificate No. 65772

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hendricksen (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 24, 1919 (Date of Event)
in Camas, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wanda Arelina Hendricksen

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Bernardino } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1977

Notary Public, residing at San Bernardino, Ca.
My commission expires 8/25/77
(Seal)

Signed Montella Coen
(Signature of Any Credible Person)

1345 F St San Bernardino Ca
(Street Address, City, State)

FORM DH 60-155 CL 5/7/76

Family Bible record gives name as Wanda Arelina born Jan 24.1919. viewed by VS

JUL 12 1977

Certif of Baptism and Confirmation from the LDS Church gives name as Wanda Arlina Hendrickson daughter of Joseph Hendrickson and Violet C. Cram. born Jan 24, 1919 at Camas Idaho. Baptized May 12 1928. viewedby V. S.

493-214-02-693

PLACE OF BIRTH

Form V. S. No. 11-G—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Spencer Registration District No. 125 File No. 6577 3

No. ..... St. Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Janice Milton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel N Milton	Janie Wilson
RESIDENCE	Spencer	Spencer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	24
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Jan 14 1919 C E Jones MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. B 0—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 65173

Registered No. [illegible]

PLACE OF BIRTH

County of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California) SEP 25 1941
)ss
County of Alameda) Certificate No. 65773

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for no name given (Name on original certificate) who born (was born or died) on Jan. 14, 1919 (Date of event) in Spencer, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by ~~Prudential Insurance Policy~~ (Bible record, insurance plcy.etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Dorothy Janice Milton

Subscribed and sworn to before me this 22nd day of Sept. 1941.

Signed Mrs. Janice Milton Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dessie P. Tallman
Notary Public
Residing at Oakland, Calif.

2541 - San Pablo Ave
(Street address, City, State)
Oakland Calif

My commission expires June 28, 1944.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of California)
)ss
County of Alameda)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

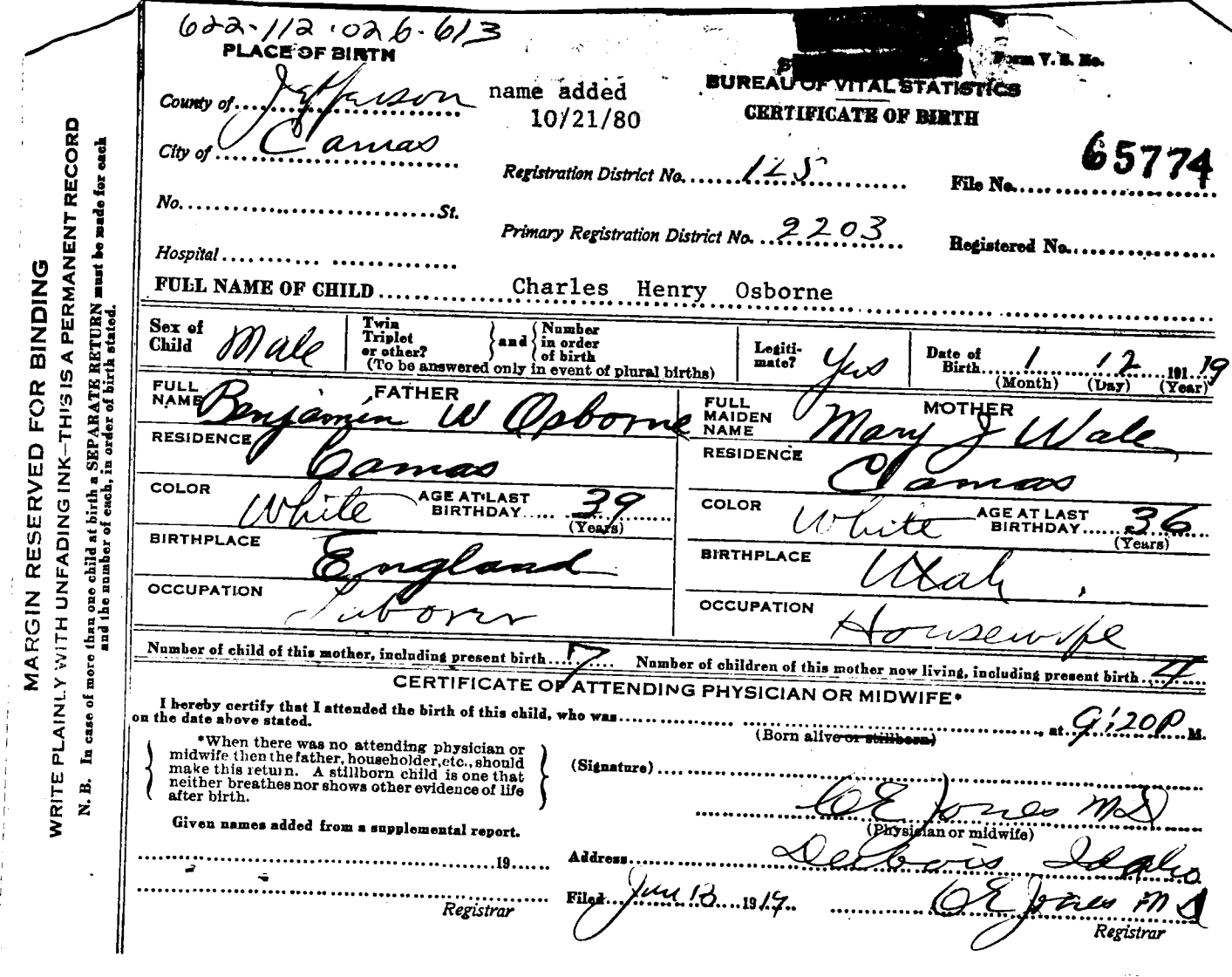
Subscribed and sworn to before me this 22nd day of Sept. 1941.

Signed M. C. Roberts
(Signature of any credible person other than the previous affiant.)

Dessie P. Tallman
Notary Public
Residing at Oakland, Calif.

2541 San Pablo Ave. Oakland, Calif.
(Street address, City, State)

My commission expires June 28, 1944.
(SEAL)



622-112-026-613

PLACE OF BIRTH

[redacted] Form V. S. No.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

name added 10/21/80

City of Camas

Registration District No. 125

File No. 65774

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Henry Osborne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin W Osborne	FULL MAIDEN NAME	Mary J Wale
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C E Jones M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

..... Registrar

Filed Jan 13 1919

C E Jones M D Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

8-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT [redacted] ORIGINAL CERTIFICATE

SEP 18 1980

Bureau of Vital Statistics

State of S.L. Utah
County of S.L. } ss.

Certificate No. 65774
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Osborne (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 12, 1919 (Date of Event)

in Camas (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Charles Henry Osborne

Subscribed and sworn to before me this 29 day of August, 1980.
Notary Public, Lucie Johnston
Residing at S.L.C. Utah
My commission expires Jan 5, 1981
(Seal)

Charles Henry Osborne
Signature of Applicant
11560 So. 700 West
Street Address, City, State
Sandy Utah 84070

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of Utah
County of S.L. } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1980.
Notary Public, Lucie Johnston
Residing at S.L.C. Utah
My commission expires Jan 5, 1981
(Seal)

Dora G. Clark
Supporting Signature
10653 So 700 East, Sandy, Ut. 84070
Street Address, City, State

Warranty Deed #i190522 gives names as Benjamin W. Osborne and Mary Jane Osborne grantor of Convey and Warrant to Charles ~~XXXXX~~ Henry Osborne. viewedby V. S. dated30,ofOctober 1946. viewed by. V. S.

OCT 21 1980

172-203-022-693

PLACE OF BIRTH

County of Fremont

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

65775

City of Dubois

Registration District No. 125

File No.

No. St.

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Mae Albretson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 3 1919

	FATHER	MOTHER
FULL NAME	Arthur M Albretson	FULL MAIDEN NAME Esther Wilson
RESIDENCE	Dubois	RESIDENCE Dubois
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Copenhagen Denmark	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C R Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Jan 3 1919 C R Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

319-129-034-263

Form V.-S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 65777

Primary Registration District No. 2015 Registered No. 35

FULL NAME OF CHILD Victor Jos. Larcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		7	yes	Jan. 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Jos. Larcher	FULL MAIDEN NAME	Fanny Bott
RESIDENCE	Paul, Ida	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Austria, Tyrol	BIRTHPLACE	Austria, Tyrol
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 29-19 at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Adams

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Paul, Ida

..... 19 .....

Filed 2-10 1919 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942

493 119.034-213

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 65780

Primary Registration District No. 2015 Registered No. 32

FULL NAME OF CHILD Wallace Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	9	Yes	Jan 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Nelson	FULL MAIDEN NAME	Paula Bates
RESIDENCE	Paul Ida	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Benjamin Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 17-19 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Adams

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Ida

Filed 2-12-1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 2013

JUN 12 19

294-105-034-449 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G-[illegible]-8-17

Registration District No. 19 File No. 65783

Primary Registration District No. 2015 Registered No. 29

FULL NAME OF CHILD Joseph John Simpson Jr.

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph John Simpson	FULL MAIDEN NAME	Alice Ann Murphy
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Feb 5 1919 Ett Elmore

Registrar

Registrar

c.c. 5/13/41. w.h.

414-204-34-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 65787

Primary Registration District No. 2015 Registered No. 25

FULL NAME OF CHILD MARIAN RHODA MAUGHAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
H		yes	Feb. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Williard C. Maughan	FULL MAIDEN NAME	Lizzie Knowlton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed 2-5 1919 Ett Elmore

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache

Certificate No. 65787
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Marian Rhoda Maughan (Birth or death)

for ..... (Name on original certificate) who was born (Was born or died) on February 4th* (Date of event)

in Rupert, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by "Family Record" (LDS) (Bible record, insurance policy, etc.) prepared a short time after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name -	Unnamed Maughan	Marian Rhoda Maughan

*If your record gives the 3rd as the date of birth, I'd say that is correct. I remember wondering if I made a mistake of one day in call-it Feb. 4th.

Subscribed and sworn to before me this 15 day of Dec., 1941

Signed [signature] Knowlton Maughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]
Notary Public, residing at Logan Utah
My commission expires Jan. 3, 1943.
[SEAL]

260 No. 6 East, Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of December, 1941

Signed [signature] Maughan
(Signature of any credible person other than the previous affiant.)

[signature]
Notary Public, residing at Logan Utah
My commission expires Jan 3, 1943.
[SEAL]

260 No 6th E. Logan, Utah
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 28 1943

847-111-034-969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 65788

Primary Registration District No. 2015 Registered No. 24

FULL NAME OF CHILD William Herbert Huggins

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William J. Huggins	FULL MAIDEN NAME	Alafretta Evaline Rorabach
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wyoming	BIRTHPLACE	Montana
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Idaho

Registrar

Filed Jan 27 1919 Ett Elmore Registrar

766-113-034-546

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

65789

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 23

FULL NAME OF CHILD Harold Auburn Powers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. J. Powers	FULL MAIDEN NAME	Ethel Jessie Edwards
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Wisc
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Et Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Idaho

Registrar

Filed Jan 25 1919 Et Elmore Registrar

AUG 2 8 1973

Certified copy issued 2-19-1941. dp

753-120-034-557

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. 19 File No. 65791

Primary Registration District No. 2015 Registered No. 21

FULL NAME OF CHILD WESLEY CAMBERN PETERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John August Peterson	FULL MAIDEN NAME	Anna England
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Jan 25 1919

Ett Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

FEB 8 19[illegible]

Certificate No. 65791

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Patterson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on (correct name Wesley Cambern Peterson) Jan. 20, 1919 (DATE OF EVENT)
in Rupert, Idaho, Rt. 1 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father who was present at time of birth (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Paterson	Wesley Cambern Peterson

Subscribed and sworn to before me this 7th day of February, 19 42.

Notary Public, residing at Burley, Idaho

My commission expires February 20, 1942 (SEAL)

Signed Jack C. Peterson (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father

Declo, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 19 42.

Notary Public, residing at Burley, Idaho

My commission expires February 20, 1942 (SEAL)

Signed Anna England Peterson (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.) Mother

Declo, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 8 1942

795104.034-419

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 65795

Primary Registration District No. 2013 Registered No. 4

FULL NAME OF CHILD Donald Roy Pierce

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm T Pierce	FULL MAIDEN NAME	Carrie Martin
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	S. Dak
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 13 1919 Ed H Elmore Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING

ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

[illegible]

[illegible]

[illegible]

dup of 1919-286575

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Rupert

Street and House No.

County Minidoka

Registered No.

Registration Dist. No. 19

Sex of Child Male

Date of Birth Jan 4 (MONTH) 1919 (YEAR) (DAY)

Father (FULL NAME)

Mother (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Donald Ray Pierce
(GIVEN NAME IN FULL) (SURNAME)

as reported by H Pierce
(FATHER OR MOTHER)

E H Edmonds
(LOCAL REGISTRAR)

AUG 7 1943

OCT 1948

MAY 30

792106-03X-766

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 65796

Primary Registration District No. 2015

Registered No. 6

FULL NAME OF CHILD .....

Sex of Child: Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 1 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Gibson	FULL MAIDEN NAME	Ada Powell
RESIDENCE	Rupert	RESIDENCE	Rupert.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 20 1919 Ett Elmore

Registrar

... RESERVED FOR BINDING

...NLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

543115-034-494

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 65797

No. ..... St.

Primary Registration District No. 2013

Registered No. 6

Hospital .....

FULL NAME OF CHILD Willard Nutting

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1 (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Barton Nutting	FULL MAIDEN NAME	Nellie Denny
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Feb 20 1919

E H Elmore
Registrar

RESERVED FOR BINDING

WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255:103

PLACE OF BIRT[redacted]

004294

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 65808

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2-3-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lyman W. Beutler	FULL MAIDEN NAME	Susie V. Simmons
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cariss Idaho

Filed 2-10-1919 R. J. Sutton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-107-004-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 53 File No. 65809

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Irwin Smith Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2-7-1919

FATHER		MOTHER	
FULL NAME	Irwin Parker	FULL MAIDEN NAME	Eva Arvilla Smith
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Lanark	BIRTHPLACE	Sharon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Idaho

Filed 2-10-1919 R. J. Sutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
FEB 3 4 07 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65809

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Parker (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 7, 1919 (Date of Event)
in Lanark, Idaho (bear Lake Co.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Irwin Smith Parker

Subscribed and sworn to before me this 2 day of Feb, 1977

Notary Public, residing at Montpelier Idaho.
My commission expires non expiring
(Seal)

Signed Eva Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ovid, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of February, 1977

Notary Public, residing at Montpelier
My commission expires 8-23-77
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1/31/77

FEB 8 1977

Certif of Blessing from the LDS Church gives nameas Irwin Smith Parker son of Irwin Parker and Eva Smith. born Feb 7, 1919 at Lanark, Idaho Blessed April 8, 1919. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives nameas Irwin Smith Parker. son of Irwin Parke and Eva Arvilla Smith. born Feb 7, 1919 at Lanark, Idah Baptized May 1, 1927. viewed by . V. S.

296-122-204-253

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 53 File No. 65810

No. ..... St. Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mayo James Krogue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1-22-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nelson Louis Krogue	FULL MAIDEN NAME	Ivy Bateman
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cara Idaho

Filed 2-10-1919 R. J. Sutton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 18 1965
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 65810

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Krogue (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 22, 1919 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mayo James Krogue
Father's First Name	Nelson	Nelson

Subscribed and sworn to before me this 26th day of February, 1965
James B. Fulmer Clerk
Notary Public, residing at Paris Idaho
My commission expires Jan 1967
(Seal)

Signed Alfred B. Hart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 19 65
James B. Fulmer Clerk
~~Notary Public~~, residing at Paris Idaho
My commission expires Jan 1967
(Seal)

Signed Paul J. Haddock
(Signature of Any Credible Person)
Bloomington, Idaho
(Street Address, City, State)

FORM DH 60. 155

CL 10-5-64. nm

Fielding High School Record, Paris, Idaho written statement from Ralph Roghaar, Principal - states "This is to certify as established by the school records of the Fielding High School, that Mayo James Krogue's birthdate is January 22, 1919. Mr. Krogue graduated May 21, 1937." - viewed by V.S.

MAR 30 1965

L.D.S. Church Record of Membership, blessed May 4, 1919, baptized and confirmed April 3, 1927 gives full name as Mayo James Krogue, born Jan. 22, 1919 at Bloomington, Idaho to Nels Louis Krogue and Ivy Bateman - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of Triplet the same child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-119-006-747

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65811

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 53

Primary Registration District No. 2132

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural-births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1-19-9

FATHER		MOTHER	
FULL NAME	Frank Martin Brown	FULL MAIDEN NAME	Jeannie Bugmire
RESIDENCE	Liberty - Ida	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

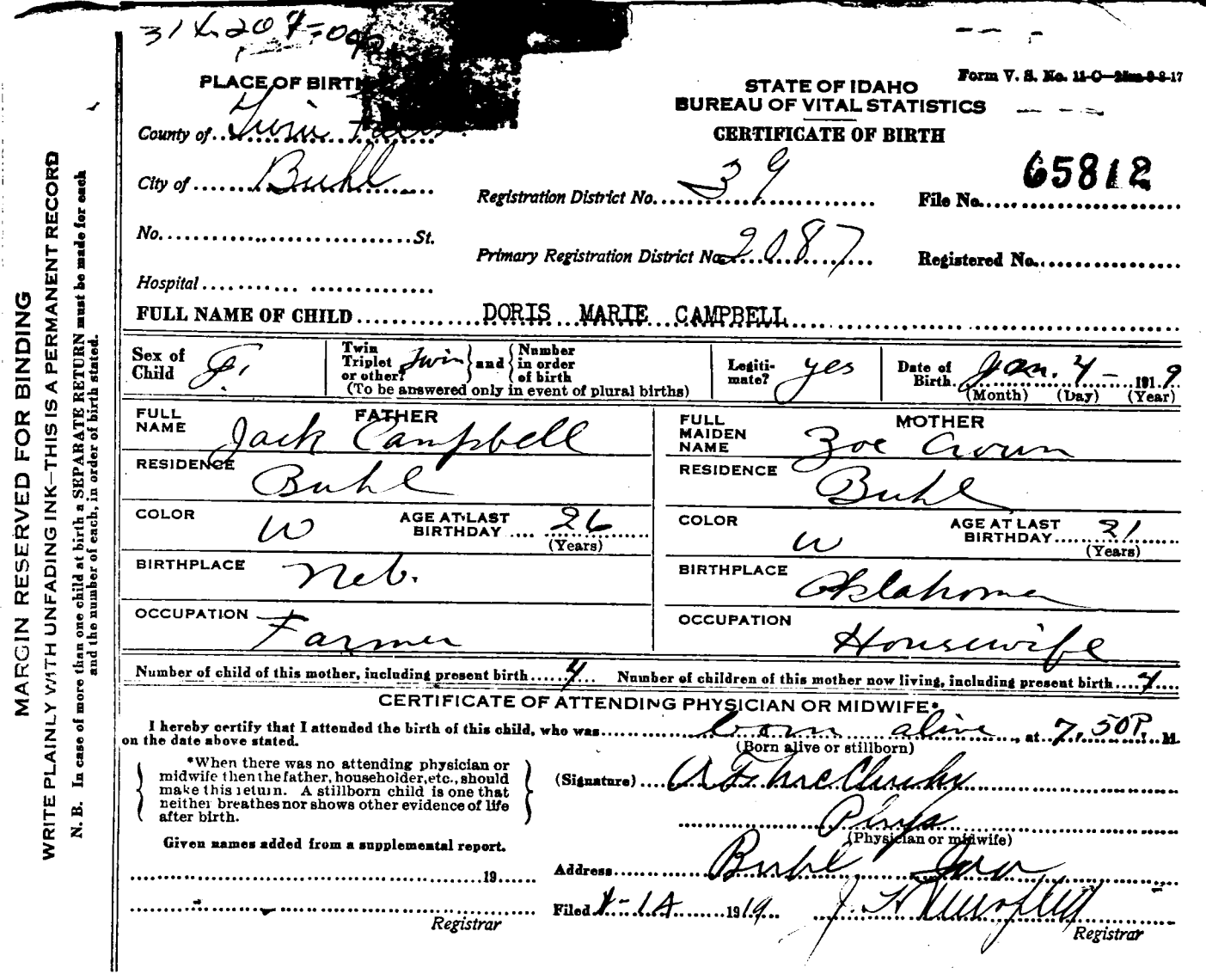
Address Cares Idaho

Filed 2-10-19 R. J. Sutton

Registrar

Registrar

31 X 207-00



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 65812

Registered No. .....

FULL NAME OF CHILD DORIS MARIE CAMPBELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	Twin			yes	Jan. 4 - 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Campbell	FULL MAIDEN NAME	Zoe Crown
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClurky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 1-14 1919 J. H. Hunsfield

Registrar

Registrar

STATE OF IDAHO
- DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 65818

JAN - 9 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Doris Marie Campbell (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on January 4th 1919 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Doris Marie Campbell

Subscribed and sworn to before me this 7th
day of January 1943

E. V. Smith

Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(SEAL)

Signed Grace Ella Campbell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Buhl, Idaho R.F.D.# 3
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of January 1943

E. V. Smith

Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(SEAL)

Signed S G Wilson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Buhl, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 11 1943

314-204-042-396

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 65813

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD DOROTHY MAE CAMPBELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	Twin			yes	Jan (Month) 4 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack W. Campbell	FULL MAIDEN NAME	Zoe Crown
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Oklahoma City, Oklahoma
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Shrellusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 1-14 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 65813

JAN - 9 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dorothy Mae Campell (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on January 4th, 1919 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Mae Campbell

Subscribed and sworn to before me this 7th day of January, 1943.

E. V. Lynch

Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945

(SEAL)

Signed Zoe Ella Campbell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Buhl, Idaho R.F.D. #3

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED, (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of January, 1943.

E. V. Lynch

Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945

(SEAL)

Signed S. G. Wilson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Buhl, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 11 1943

663-208-012-695

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 65814

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD Blanche May Halfinbarger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	8 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. A. Halfinbarger	Daisy Frye
RESIDENCE	Buhl	Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Mo.	Kan.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) J. A. Murphy M. D.

(Physician or midwife)

Address Buhl Ida

Filed 1-10 1916 J. A. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

B-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319112042-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 65815

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Keith Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	1 - 12 - 1919

FATHER		MOTHER	
FULL NAME	A. W. Carpenter	FULL MAIDEN NAME	Orris Clements
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 1-14 1919 J. H. Murphy Registrar

..... Registrar

MAR 2 9 1972

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

84-213-042-443

PLACE OF BIRTH:

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65816

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD JEANICE MARY HUBBELL

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	yes	Jan. 13-4.30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar N. Hubbell	Elizabeth Mullaney
RESIDENCE	Buhl, Idaho	Buhl, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Oregon,	Colo.
OCCUPATION	Clerk,	Housewife,

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-20 1919

J. H. Murphy Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 65816

State of California } ss.
County of Los Angeles }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Genese (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 13th. 1919 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Genese	Jeanice Mary Hubbell

Subscribed and sworn to before me this 15th.
day of February, 19 43

Notary Public, residing at Long Beach, Calif.
My commission expires Feb. 21st. 1944
(SEAL)

Signed Elizabeth Hubbell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

74 W. Plymouth St. Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th.
day of February, 1943

Notary Public, residing at Long Beach, Calif.
My commission expires Feb. 21st. 1944
(SEAL)

Signed John W. Hubbell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

74 W. Plymouth St. Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 23 1943

212-115-042-891

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-6-5-17

Registration District No. 39

File No. 65817

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Arthur Base

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Jan / 15 / 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Base	FULL MAIDEN NAME	Olga Hranac
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 1-18 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-217-042-464

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65818

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ROMA CAROL METZ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	7	yes	Jan. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward G. Metz	FULL MAIDEN NAME	Lulu G. Dodds
RESIDENCE	Buhl. Ida.	RESIDENCE	Buhl. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming.	OCCUPATION	Farming.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at one 50 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 1-20 1919 J. H. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...VED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange

Certificate No. 65818

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who born (Was Born or Died) on Jan. 17. 1919 (Date of Event)

in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roma Carol Metz

Subscribed and sworn to before me this 11th day of January 1949

NOTARY PUBLIC
In and for the County of Orange, State of California

Notary Public, residing at HUNTINGTON BEACH, CALIF.

My commission expires My Commission Expires Aug. 10, 194
(Seal)

Signed Lulu G. Metz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 1 1943

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

646-18-042-466

Amended 6/17/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 65819
Local Reg. No.
Reg. Dist. No. 39

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Edith b. (Middle): c. (Last): O'Donnell

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 18, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Steven b. (Middle): c. (Last): O'Donnell

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Ill.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): May b. (Middle): c. (Last): Moore

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
36 YEARS	Kan.	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. H. Murphy

18. ATTENDANT AT BIRTH: M.D. ____ X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Buhl, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1-29-19

22. REGISTRAR'S SIGNATURE: J. H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 5:15 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 24 9 32 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 65819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edith O'Donald (Name on Original Certificate) who was born (Was Born or Died) on Jan. 18, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edith O'Donald	Edith Pearl O'Donnell
Father's name	Steven O'Donald	Stephan O'Donnell

Subscribed and sworn to before me this 22nd day of July 1973

Ronald J. Hamilton

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan. 1, 1976

(Seal)

Signed Edith O'Donnell Albertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 294 Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of JUNE, 1973.

Ronald J. Hamilton

Notary Public, residing at Twin Falls, Idaho

My commission expires JAN 1, 1976

(Seal)

Signed Kendra O'Donnell Ferguson
(Signature of Any Credible Person)

136 4th AVE EAST Twin Falls Ida. 83301
(Street Address, City, State)

FORM PH-60-155

Marriges listed in family Bible gives names as Steve and Mary O'Donnell. married Nov. 26, 1905. viewed by V. S.

Family Bible record for Stephen and May O'Donnell family gives child's name as Edith Pearl O'Donnell born Jan. 18, 1919. viewed by V. S.

Marrige license from Idaho gives groom's name as Dean Albertson and the bride's name as Edith O'Donnell. dated July 23, 1942. viewed by V. S.

742-229-042-665

PLACE OF BIRTH

County of Twin Falls,

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 65820

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD ..... Gene Tussey .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	1 29 19

FATHER

FULL NAME: F. W. Tussey

RESIDENCE: Buhl

COLOR: W

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ina Owens

RESIDENCE: Buhl

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-31 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386130.042-292

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 65821

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lloyd Donald Lyons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	1 / 30 / 1919

FATHER		MOTHER	
FULL NAME	Guy R. Lyons	FULL MAIDEN NAME	Lola Sissons
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 815 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 1-31 1919 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24 3-230-042-713

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 65822

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD ROSE KUCERA

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 31 19

FATHER		MOTHER	
FULL NAME	Jos. Kucera	FULL MAIDEN NAME	Mary Palat.
RESIDENCE	Buhl	RESIDENCE	Buhl.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Bohemia.	BIRTHPLACE	Moravia.
OCCUPATION	Farmer.	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 A.M. on the date above stated.

(Signature) J. W. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed 1-31-1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
JUN 3 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 65822

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Kucera (Name on Original Certificate) who was born (Was Born or Died) on January 30, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record 1925-1926 (Bible Record, Insurance Policy, Etc.) prepared on Viewed by Vital Statistics (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Rose Kucera

Subscribed and sworn to before me this 31 day of May, 1956

Mary Ruth Kaynor
Notary Public, residing at Buhl Ida
My commission expires June 13 1959
(Seal)

Signed Mary Kucera mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mary Kucera Route 3 Buhl Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of May, 1956

Mary Ruth Kaynor
Notary Public, residing at Buhl Ida
My commission expires June 13 1959
(Seal)

Signed Joseph Kucera
(Signature of Any Credible Person)
Father
Route 3 Buhl Ida
(Street Address, City, State)

FORM DPH 55-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

866-[illegible]-789

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

65823

Registration District No. 106

File No. .....

Primary Registration District No. 2184

Registered No. 5

FULL NAME OF CHILD Denver Carl Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5th	Yes	Jan (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Cyrus Howard	FULL MAIDEN NAME	Hattie Percival
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Wash.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Registrar

Filed Jan 31 1919 J. M. Verber Kenyon

Registrar

816219-025=816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

65824

Registration District No. 106

File No. .....

Primary Registration District No. 2184

Registered No. 4

FULL NAME OF CHILD Leola Belle Hawkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	One	No	Jan 19 1917

FATHER

FULL NAME James Potts ?

RESIDENCE Stites

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Ohio

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Dora May Hawkins

RESIDENCE Stites

COLOR White AGE AT LAST BIRTHDAY 15 (Years)

BIRTHPLACE Idaho

OCCUPATION Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Registrar

Filed Jan 31 1917 J. M. Verbeck

Registrar

DEC 1 5 1972

255-106-025-262

PLACE OF BIRTH

County of Idaho

City of States

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 5826

Primary Registration District No. 2184 Registered No. 2

FULL NAME OF CHILD Infant Donald Kennedy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	Yes	Jan 6 1919

FATHER		MOTHER	
FULL NAME	Donald Kennedy	FULL MAIDEN NAME	Merle Bobbett
RESIDENCE	States	RESIDENCE	States
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Nebraska
OCCUPATION	Soldier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Wentworth M D (Physician or midwife)

Address States Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 31 1919 J M Weberknecht Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-204-025-743

PLACE OF BIRTH

County of Idaho

City of States

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 65827

Primary Registration District No. 2184 Registered No. 1

FULL NAME OF CHILD Bonnie Bernice Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Jan 4 1919

FATHER		MOTHER	
FULL NAME	Chas Brown	FULL MAIDEN NAME	Ima Putnam
RESIDENCE	States	RESIDENCE	States
COLOR	White	AGE AT LAST BIRTHDAY (Years) 37	COLOR White	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION *	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Wentworth M.D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address States Idaho

Filed Jan. 31 1919

J. M. Verbenkamp Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

313.101-021-789

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

[redacted]E OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 65828

Primary Registration District No. 2119

Registered No. 20

FULL NAME OF CHILD Fred P. Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 1 1919

FATHER		MOTHER	
FULL NAME	James H. Call	FULL MAIDEN NAME	Mary Elizabeth Phillips
RESIDENCE	Dayton, Idaho	RESIDENCE	Dayton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Soda Springs, Idaho	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6,05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible]

..... Registrar

Filed Feb 12 1919 [signature] Registrar

STATE

OCT 2 1973

FEB 19 1942

414-12 4.021-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney, Idaho. Registration District No. 17 File No. 65829

No. ..... St. Primary Registration District No. 2119 Registered No. 18

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 24 1919

FATHER	MOTHER
FULL NAME: Angus M. Maughan	FULL MAIDEN NAME: Susie Keller
RESIDENCE: Whitney, Idaho	RESIDENCE: Whitney, Idaho
COLOR: White	AGE AT LAST BIRTHDAY (Years): 28
	COLOR: White
	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: Weston, Idaho	BIRTHPLACE: Mink Creek, Idaho
OCCUPATION: Teacher	OCCUPATION: Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/6/02 · 021-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65830

County of .....Franklin....

City of ....Franklin, Idaho Registration District No. .....57..... File No. .....

No. .....St. Primary Registration District No. .....2119..... Registered No. .....19.....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H.B. Hawks	FULL MAIDEN NAME	Rose Hobbs
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ....2.... Number of children of this mother now living, including present birth ....2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .....Born alive..... at .....8,50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

.....Physician.....
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address [illegible]

Filed [illegible] 19 [illegible]

.....
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-113-021-815

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 65831

Registered No. 17

FULL NAME OF CHILD Harold Albert Spackman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham Spackman	FULL MAIDEN NAME	Lillian Hansen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	CoveVille Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	HouseWife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:00A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Feb 13 19.....

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 16 11 55 AM '72

County of ..... }

Certificate No. 65831

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Spackman (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 13, 1919 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Harold Albert Spackman

Subscribed and sworn to before me this 8 day of February, 1972

Notary Public, residing at Preston, Utah

My commission expires July 30 1974

(Seal)

Signed Harold Albert Spackman (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of February, 1972

Notary Public, residing at Preston, Utah

My commission expires July 30 1974

(Seal)

Signed James G Spackman (Author) (Signature of Any Credible Person)

Preston Utah (Street Address, City, State)

FORM DH 60-155 CL 11/29/71 nm

MAR 1 7 1972

Certificate of Ordination to the Holy Priesthood gives name as Harold Albert Spackman. Was ordained a Deacon Dec. 4, 1932. Father's name given as Brigham Spackman and mother maiden name as Lillian C. Hansen. Born ~~as~~ at Preston, Idaho on Jan. 13, 1919. Viewed by V. S.

Application to marry from Utah, Cache County gives groom's name as Harold Albert Spackman and the bride's name Millie Leota Weeks. Was dated Nov. 5, 1940. Viewed by V. S.

215-124-021-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton, Idaho

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 65833

Registered No. 15

FULL NAME OF CHILD Arthur H. Sant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harold T. Sant	FULL MAIDEN NAME	Arlettae Henderson
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Clifton, Idaho	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11,20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible] Idaho

Filed Feb 15 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

65833

Place of Birth

City Preston

Street and House No.

County Franklin

Registered No. 125

Registration Dist. No.

Sex of Child Male

Date of Birth Jan 24 1919
MONTH DAY YEAR

Father Harold G. Saint
FULL NAME

Mother Gudettas Henderson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Thomas H. Saint
GIVEN NAME IN FULL SURNAME

as reported by Grandmother
FATHER OR MOTHER

Dr. C. R. Curtis
LOCAL REGISTRAR

997.201.021-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2117

File No. 65834

Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	*		1	Yes	Jan 1 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Rigby	FULL MAIDEN NAME	Alice Chapman
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	PorterVille, Utah	BIRTHPLACE	KaysVille, Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5,10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stale

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Feb 12 1917 D W Curtis

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-12-60

PLACE OF BIRTH

386-230-021-857

County of Franklin

City of Preston, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 65835

Primary Registration District No. 2119 Registered No. 12

FULL NAME OF CHILD Ruth Beth Thorpe

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 30, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wilford Thorpe	FULL MAIDEN NAME	Lettie Jeppesen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Confectioner	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:04 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Feb. 12, 1919 Dr. A.R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back =

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of NEVADA
County of ELKO } ss.

Certificate No. 65835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Thorpe (Name on Original Certificate) who born (Was Born or Died) on Jan. 31, 1919 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Beth Thorpe
Date of Birth	January 31, 1919	January 30, 1919

Subscribed and sworn to before me this 9th day of June, 19 60

Notary Public, residing at Elko, Nevada
My commission expires Dec. 12, 1960
(Seal)

Signed Lettie J. Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

615 Pine Street, Elko, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Elko } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 19 60

Notary Public, residing at Elko, Nevada
My commission expires Dec. 12, 1960
(Seal)

Signed
(Signature of Any Credible Person)

673-9th Elko, Nevada
(Street Address, City, State)

FORM DPH 55.155 CL 6-8-59. nm

L.D.S. Church Certificate of Membership, baptized Aug. 22, 1927 gives full name as Ruth Beth Thorpe (Butler married name) born January 30, 1919 at Preston, Idaho to Wilford J. Thorpe and Lettie F. Jeppesen - viewed by V.S.

Photostat Copy of Registration Card, Elko Grammar School, Elko, Nevada, gives full name of child as Beth Thorpe, born January 30, 1919, parents name as W.J. Thorpe and entered Grade 2B on 9/7/26 - viewed by V.S.

Certified Copy of Own Child's Birth Certificate, State of Nevada, child born June 2, 1947 - State File No. 1915 gives full maiden name of mother as Ruth Bethe Thorpe, born at Preston, Idaho - age 28 - viewed by V.S.

294-210-021-962

Form V. S. No. 11-G—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 65837

Primary Registration District No. 2119 **Registered No.** 21

FULL NAME OF CHILD Grace Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Jan. 10 1919

FATHER		MOTHER	
FULL NAME	George H. Simmons	FULL MAIDEN NAME	Ruth Agnus Robinson
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Summit Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed Feb 1 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1968

659 112-025-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65838

County of Idaho

City of Cottonwood

Registration District No. 105

File No. ~~#~~ 3

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Anton Ferhaar

Sex of Child	Twin ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of Birth
Male	Yes	1st	Yes	Jan 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. J. Ferhaar	FULL MAIDEN NAME	Rosa Klepprich
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	U.S.	BIRTHPLACE	U.S.
OCCUPATION	Hardware Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Jany 15 1919

H B Blake
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-117-025-494

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65840

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

Registration District No. 105 File No. ~~83~~ 5

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Chas. Wesley Norberg.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Newton Norberg.	FULL MAIDEN NAME	Anna Drube
RESIDENCE	Westlake Idaho.	RESIDENCE	Westlake Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Kan.
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.00 Number of children of this mother now living, including present birth 3.00

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley Orr
(Physician or midwife)

Given names added from a supplemental report.

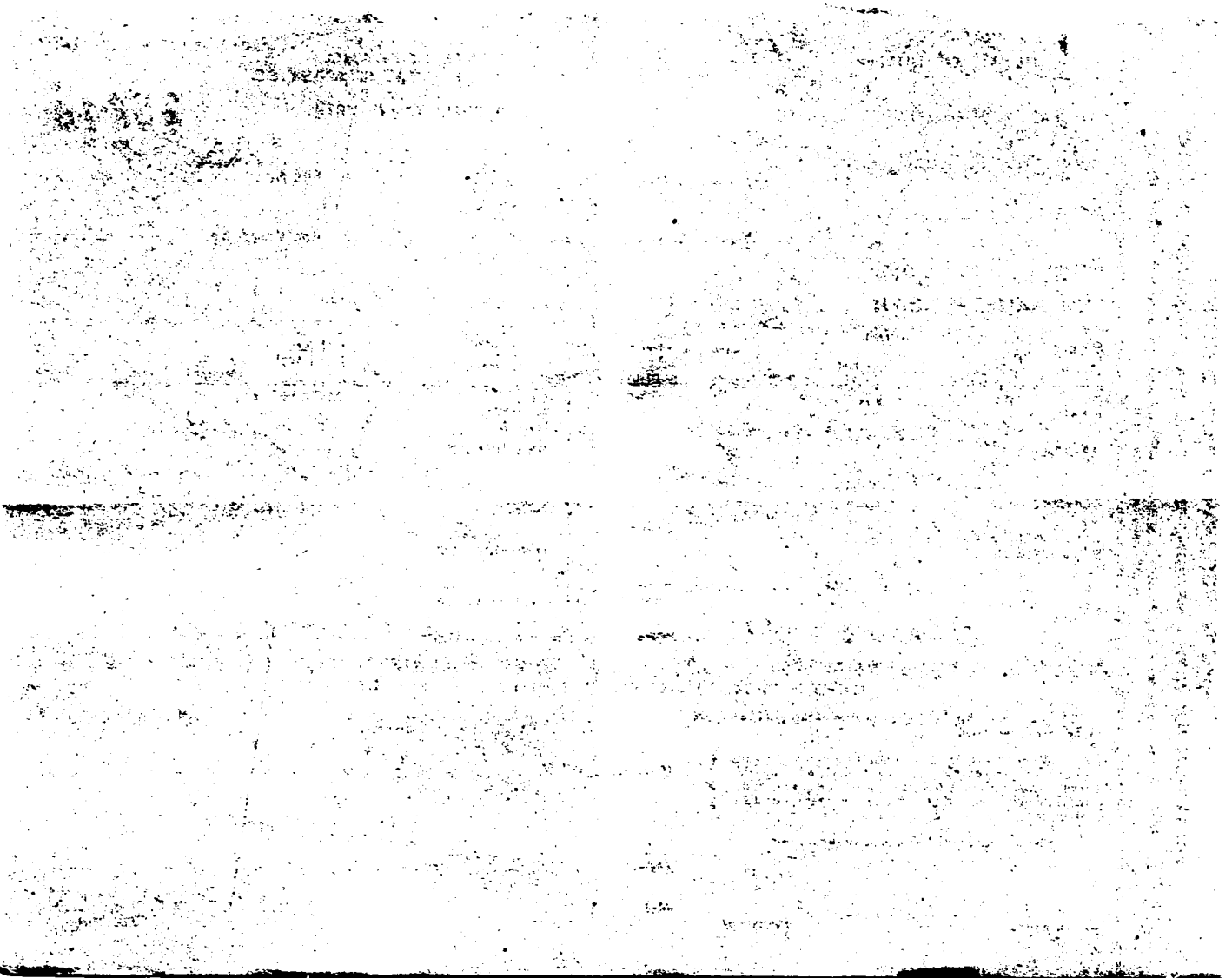
..... 19....

Address Cottonwood Ida.

Filed Jany 19 1919 H B Blake
Registrar

Registrar

S-Y CO. 24655



25-121-025-295

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

65841

Registration District No. 105 File No. ~~X~~ 6

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Buford Porter Sedford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jany 21 1919

FATHER	MOTHER
FULL NAME: Frederick C Sedford	FULL MAIDEN NAME: Rena Singleton
RESIDENCE: Cottonwood Idaho	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: NC	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 945 a M.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood, Idaho.

Filed Jany 23 1919 H B Blake
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-212-025-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65843

County of Idaho

City of Cottonwood

Registration District No. 105 File No. ~~80~~ 2

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dolores Ferhaar

Sex of Child	Twin ~~Triplet~~ or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Yes	2nd	Yes	Jan. 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. J. Ferhaar	FULL MAIDEN NAME	Rosa Klapprich
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Dakota S.
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Jany 15 1919 H B Blake
Registrar

Registrar

B-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

538-207-042-659

PLACE OF BIRTH

STATE [redacted]
BUREAU OF VI[redacted]
CERTIFICATE OF BIRTH

V. S. No. 11-C-1 [illegible]

65844

County of Twin Falls

City of Twin Falls

No. 754 2nd St East

Hospital At home

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD [illegible] Benita Obieta Echevarria

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	3d.	Yes.	Jan. (Month) 3. (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charley Echevarria	FULL MAIDEN NAME	Lena Orieta
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes

Physician and Surgeon (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho.

19

Registrar

Filed Feb. 8 1919 W. N. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Power } ss.

Certificate No. 65814
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Infant Echevarria (Name on Original Certificate) who was born (Was Born or Died) on January 3, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record-American Falls, Ida. May 1936 (Bible Record, Insurance Policy, Etc.) prepared on July 14, 1919 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Benita Obieta Echevarria

Subscribed and sworn to before me this 4th day of May 1956

Notary Public, residing at Am. Falls, Idaho
My commission expires Nov. 9, 1958
(Seal)

Signed John J. Echevarria Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1956

Notary Public, residing at Am. Falls, Idaho
My commission expires Nov. 9, 1958
(Seal)

Signed X Frank Aguirre
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

493117-042-249

PLACE OF BIRTH

Form V.-S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 3 Gott Apartments

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 65845

Registered No.

FULL NAME OF CHILD William Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Jan (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Riley Miller	FULL MAIDEN NAME	Vera Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ft. Worth Texas	BIRTHPLACE	Oakly Idaho
OCCUPATION	Cafe Waiter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emes MD

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Filed Feb-7-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 '63

SEP 30 1963

534-129-042-212

Form V. S. No. 11-C Mar. 9-8-17

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. 135 - 9 Ave N St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 65846

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Harold Grandville Blue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hal G. Blue	FULL MAIDEN NAME	Georgia Irene Baker
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Kans.
OCCUPATION	Supt. Public Schools.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho.

Filed Feb. 4 1919 W. N. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1942

343-205-042-394

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 641-3 Ave E St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 65848

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Cutshalts. Juanita Priscilla Cutshalts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Jan. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Cutshalts	FULL MAIDEN NAME	Elmer Cruse
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Mo
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Claudek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Feb 4 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 65848

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for ____ (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Juanita Priscilla Cutshalts

Subscribed and sworn to before me this 7th day of March, 1945

Mabel Sandgren
Notary Public, residing at Buhl, Idaho

My commission expires 10-19-46
(Seal)

Signed Elenor Cutshall mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R # 2 Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person)

(Street Address, City, State)

MAR 1945

236-226-042-2

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65849

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Helen Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Stoddard	FULL MAIDEN NAME	Sadie Barry
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Feb. 5 1919 W. N. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1970

819 108 042-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 110 6th Ave N St.

[redacted]

CERTIFICATE OF BIRTH

65850

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Horton Granville Haight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horton Granville Haight	Stella Perrine
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Manager Blue Lake Ranch	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report.

.....19.....

Filed Feb. 5 1919 W. F. Pike

Registrar

Registrar

STAT
BUREAU OF

753 ~~104~~ 042 [redacted]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 219 8th ave north St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 65851

Registered No.

FULL NAME OF CHILD HUBERT WILSON PECK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alford Wilton Peck	FULL MAIDEN NAME	Margaret Celia Wilson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa.	BIRTHPLACE	Michigan City, Indiana
OCCUPATION	U.S. Army	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.50 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Idaho

Filed Feb. 5 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 219 8th Ave. North St.

(If born in hospital or institution give name.)

Truecopy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 2 0 1919

158-51

Registration District No. 37 State File No.

Prim. Registration District No. 1085 Local Registrar's No.

FULL NAME OF CHILD HUBERT WILSON PECK
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 4, 1919

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Alfred Wilton Peck	FULL MAIDEN NAME Margaret Celia Wilson
Residence (Usual place of abode) Twin Falls, Ida.	Residence (Usual place of abode) Twin Falls, Ida.
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 28 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace Iowa (City and State or Country)	Birthplace Michigan City, Indiana (City and State or Country)
Occupation U. S. Army.	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

(Signature) H W Wilson M D

Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Twin Falls, Idaho.

Filed Feb. 5, 1919 19 W. F. Pike
Registrar.

State of Idaho)
SS.
County of Twin Falls)

Alfred Wilton Peck, having first been duly sworn, deposes and says: That he is the father of a male child born to his wife Margaret Wilson Peck on the 4th day of January, 1919 at Twin Falls, County of Twin Falls and State of Idaho; That by mistake the birth certificate issued in connection with the said birth gives the name of said child as Alfred Wilton Peck Jr.; that in truth and fact the said childs name is not that of Alfred Wilton Peck Jr. but the childs name is Hubert Wilson Peck, and is enrolled in the public schools of the City of Twin Falls, Idaho, under the last mentioned name.

That it will save considerable embarrasment in the future for the said child to have the corrections made in the office of the Bureau of Vital Statistics of the State of Idaho as well as in the local registration office at Twin Falls, Idaho; That there is attached hereto a corrected Certificate of Birth for filing in the said Bureau of Vital Statistics at Boise, Idaho.

Alfred Wilton Peck

Subscribed and sworn to before me this the 20 day of May, 1931

Frank S. Rice

Notary Public for the State of Idaho
Residing at Twin Falls, Idaho.

349-207-042-331

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

BUREAU OF [redacted]TISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 65852

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Barbara Turner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Jan 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J Turner	FULL MAIDEN NAME	Barbara Clay
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete M.D.

Twin Falls Ida

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Febr 5 1919 W. F. Pike Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1967

STATE OF IDAHO

FEB 9 1970

15a 113.042-261

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65853

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Herbert John Jewett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Jan 13 1919

FATHER		MOTHER	
FULL NAME	John Jewett	FULL MAIDEN NAME	Christine Swaity
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Maine	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed Feb. 5 1919 W. J. Pike Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

JUN 27 1944

MAY 20 1952

443-22-042-366

Form V. S. No. M-O—[illegible]-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65855

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Mulliner, MELBA GRACE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes.	Jan 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert E Mulliner	FULL MAIDEN NAME	Mary Cowley
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Glondrek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed Feb 4 1919 W. N. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 - 1953

145-202 1042-285

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 2nd Ave W St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 65857

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Bessie Virginia Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 2nd 1919

FATHER	MOTHER
FULL NAME E. G. Dunn	FULL MAIDEN NAME Elphia Sheeler
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE N. Adams Mass.	BIRTHPLACE Carlson Neb.
OCCUPATION Lumberman	OCCUPATION Home work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 2nd of 1919 at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Coleman

(Physician or midwife)

Address 703 Main Ave W.

Given names added from a supplemental report.

Jan 2nd 1919

Registrar

Filed Jan 19 19

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 65857

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Marriage~~ Birth (BIRTH OR DEATH)

for Dunn (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 1-2-18 (DATE OF EVENT)

in Twinn Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by marriage cetificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 3-19-36 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Bessie Virginia Dunn

Subscribed and sworn to before me this 4th day of December, 1942.

D. F. Banks

Notary Public, residing at Boise Idaho

My commission expires [illegible]

(SEAL)

Signed + Mrs. J. R. Perrin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

920 E State, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 4 194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-6-17

PLACE OF BIRTH

955-195-082-796

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 65858

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Paul Edward Post

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 3 1919

FATHER

FULL NAME Paul Wesley Post

RESIDENCE Amsterdam Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Sand Point Ida.

OCCUPATION Cattleman

MOTHER

FULL MAIDEN NAME Imogene Crothers

RESIDENCE Amsterdam, Ida.

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Louisiana

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed Jan. 7 19 19 W. F. Pike Registrar

819.208.042-319

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 129 Addison Av. St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 6565

Registered No.

FULL NAME OF CHILD Beth Eloise Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes,	1 8 1919

FATHER	MOTHER
FULL NAME: Robert W. Hart,	FULL MAIDEN NAME: Emily Larson,
RESIDENCE: Twin Falls Idaho,	RESIDENCE: Twin Falls, Idaho.
COLOR: White,	COLOR: White,
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin,	BIRTHPLACE: Utah.
OCCUPATION: Harnesmaker,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive January 8th 1919 (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician (Physician or midwife)

Address Boyd Building Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 15 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1975

RECEIVED
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65859

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hart (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Beth Eloise Hart

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of
February, 1975.

Notary Public, residing at Pendleton, Oregon
My commission expires 2-24-78
(Seal)

Signed Helen L. Grant
(Signature of Any Credible Person)

908 NW 30th, Pendleton, Or.
(Street Address, City, State)

FORM DH 60-155 CL 2/10/75

Family Bible record gives name as Beth Eloise Hart born Jan. 8, 1919 at Twin Falls, Idaho. 7 A. M. viewed by V. S.

MAR 1 0 1975

Grade Roll gives name as Beth Elouise Hart born June 8, 1919 at Twin Falls. from Twin Falls Methodist Episcopal Sunday School dated ~~Jn~~ june 19, 1921. viewed by V. S.

964-116-042-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. 65860

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD REESE HANSE Romans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles S. Romans	FULL MAIDEN NAME	Martena Nelson
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Cike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed Jan. 18 1919 W. F. Cike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/27/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of Los Angeles }

Certificate No. 65860
MAY 21 1941
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Romans (Name on original certificate) who was born (Was born or died) on Jan. 16, 1919 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Unnamed Romans	Reese Hanse Romans

Subscribed and sworn to before me this 19th day of May, 19 41

Notary Public, residing at Long Beach, Calif.

My commission expires July 5, 1943

[SEAL]

Signed W. G. Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

946 - E. 5th Long Beach Cal
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of CALIFORNIA } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 41

Notary Public, residing at Long Beach, Calif.

My commission expires Aug. 5, 1943

[SEAL]

Signed Beth Van Winkle
(Signature of any credible person other than the previous affiant)

#11—66th Place, Long Beach, California
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-229-042-455

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65862

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ESSIE LORINE Grigsby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1-29-17

FATHER

FULL NAME Rolla Grigsby

RESIDENCE Twin Falls

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Ill

OCCUPATION Farm

MOTHER

FULL MAIDEN NAME Helen Dengo

RESIDENCE Twin Falls

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Ida

OCCUPATION Hswf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 12 1917 W. B. Pike

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 65862

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Essie Lorine Grigsby who Born on January 29th (NAME OF ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT) in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy prepared on April 9, 1963 (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed Grigsby	Essie Lorine Grigsby
birthdate	Dec. 23, 1919	Jan. 29, 1919

Subscribed and sworn to before me this 11th day of May 1942.

Signed Helen J. Grigsby
(SIGNATURE OF PARENT OR ATTENDANT OF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

J. E. A. Mors
Notary Public, residing at Pomona Calif.

My commission expires My Commission Oct. 7, 1944 (SEAL)

129 S. Thomas St. Pomona Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May 1942.

Signed Rella D. Grigsby
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

J. E. A. Mors
Notary Public, residing at Pomona Calif.

429 E Kingsley Pomona Calif.
(STREET ADDRESS, CITY, STATE)

My commission expires My Commission Oct. 7, 1944 (SEAL)

Received for filing on MAY 15 1942 By
(REGISTRAR'S SIGNATURE)

359.101.042-546

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 65863

Registered No. .....

FULL NAME OF CHILD RALPH MILES Leighton

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Leighton	FULL MAIDEN NAME	Marguerite Edwards
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn.	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Hsf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Twin Falls

Registrar

Filed Feb 12 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 5 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGEIES }

Certificate No. 65863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Leighton (Name on Original Certificate) who was born (Was Born or Died) on January 1, 1919 (Date of Event) in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Classification record prepared on March 29, 1944 (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Leighton	Ralph Miles Leighton

I, Reuben Edwards uncle, and my Wife Edna H. Edwards know that the son born to my Sister Marguerite at the place and on the date named above was named Ralph Miles Leighton.

Subscribed and sworn to before me this 27th day of Feb. February, 19 56.

Signed Reuben Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 736 S. New Hampshire, L.A.
My commission expires My Commission Expires November 22, 1958
(Seal)

576 Elm St Sierra Madre Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGEIES }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 56.

Signed Edna H. Edwards
(Signature of Any Credible Person)

Notary Public, residing at 736 S. New Hampshire, L.A.
My commission expires My Commission Expires November 22, 1958
(Seal)

576 Elm St Sierra Madre Calif.
(Street Address, City, State)

MAR 21 [illegible]
JUN 25 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359.201.042-546

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen, Idaho

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 65864

Registered No. .....

FULL NAME OF CHILD Doris Luene Leighton

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1 1 1919

FATHER		MOTHER	
FULL NAME	John Leighton	FULL MAIDEN NAME	Marguerite Edwards
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Colo
OCCUPATION	Rancher	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

..... (Physician or midwife)

Given names added from a supplemental report.

..... Address Twin Falls

..... Registrar

Filed Feb 12 1919 W. F. Pike Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 65864

Date Filed

RECEIVED APR 26 1965 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Leighton (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1919 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Doris Luene Leighton	Doris Luene Leighton
Child's Place of Birth	Not Given Hansen, Idaho	Hansen, Idaho

Subscribed and sworn to before me this 23rd day of April, 1965.

Notary Public, residing at Twin Falls, Ida.
My commission expires 4-20-66
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

910 Shoshone East Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3-30-65. nm

Own Child's Birth Cert. on file: (Idaho Birth) #302716 gives full name as Doris Luene Leighton, age 21, born in Hansen, Idaho - viewed by V.S. (mother)

Own Child's Birth Cert. on file: (Idaho Birth) #372245 gives full name as of Mother as Doris Luene Leighton - viewed by V.S.

APR 28 1965

Statement from Mrs. Wilma Keyser, Medical Record Dept., Magic Valley Memorial Hosp., ~~wi~~ written April 22, 1965 states ∅ "Mrs. Doris Wells was admitted to this Hospital on July 8, 1959, and discharged on July 14, 1959. Her medical record shos her birthdate as February 1, 1919, and her birthplace as Hansen, Idaho. Her father's name is shown as Jackson Leighton." - viewed by V.S.

Photo Copy of Twin Falls High School Grade Transcript, Twin Falls, Idaho, date of entrance Sept. 5, 1933 - gives full name of student as Doris Leighton, age 14, born Feb. 1, 1919 - viewed by V.S.

JAN 26 1981

819.202.042-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 65865

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1 2 1919

FATHER		MOTHER	
FULL NAME	Henry Hart	FULL MAIDEN NAME	Rosa ~~Hart~~ Jones
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Hup

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or~~ stillborn) at 1 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Warren

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Feb. 12 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693229.042-262

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2Rm-9-3-17

Registration District No. 37

Primary Registration District No. 2085

File No. 65866

Registered No. .....

FULL NAME OF CHILD ..... Wanda Willis .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1-29-19

FATHER		MOTHER	
FULL NAME	Ernest Merrell Willis	FULL MAIDEN NAME	Lillian Boswell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	arizona	BIRTHPLACE	arizona
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 1 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 12 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 65866

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Willis (Name on Original Certificate) who born (Was Born or Died) on Jan. 28. 1919 (Date of Event)
in Twin Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	~~Mr~~ Wanda Willis
Date of birth	1-28-19	1-29-1919
	8th	

Subscribed and sworn to before me this 8th
day of October 1942
Madison E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Mary Lillian Caswell Willis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

OCT 8 1942

817-117-042-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer RR 2 Registration District No. 37 File No. 65867

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD (Boy) Hagler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1 17 1919

FATHER		MOTHER	
FULL NAME	Hurley Oland Hagler	FULL MAIDEN NAME	Vesta Louise Sterner
RESIDENCE	Filer RR 2	RESIDENCE	Filer RR 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Edgar Neb.	BIRTHPLACE	Davenport Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. McGinnis

Physician (Physician or midwife)

Address 252-5th Ave Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1-21 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 413-107.042-255

County of Twin Falls

City of Filer RR #1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 2085

File No. 65868

Registered No. .....

FULL NAME OF CHILD James Cecil (Boy) Dalton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 7 19

FATHER		MOTHER	
FULL NAME	Fred William Dalton	FULL MAIDEN NAME	Annie Dorothy Benson
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
BIRTHPLACE	Willard Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. McGinnis

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-11 1919 W. F. Pike Registrar

MAR 28 1944

65868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. "
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD James Cecil Dalton Jan

5. Date of Birth of Child (Month, day, year) 6th 1919

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Dalton
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Willard (City or town) Box Elder Utah (State or foreign country)
14. Exact Occupation Farming & Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Dorothea Benson
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Mylassker (City or town) Bornholm Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 22 years, and that Dr (First name) Mc Ginnis (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick William Dalton Signature
3718 Overland Road Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) C. E. Beymer Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313.220-042.613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Mustaugh

Registration District No. 37

File No. 65870

No. _____ St.

Primary Registration District No. 2085

Registered No. _____

Hospital _____

FULL NAME OF CHILD [redacted] Callen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Jan (Month) 20 (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cuthbert C Callen	FULL MAIDEN NAME	Nina Walters
RESIDENCE	Mustaugh	RESIDENCE	Mustaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Leete M. D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Feb 5 1919 W. F. Pike Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 042-655

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 65871

Registered No. .....

FULL NAME OF CHILD McAuley, Harry, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 16, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry E McAuley	FULL MAIDEN NAME	Virginia Overfield
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Blanchet

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Idaho.

Filed Feb. 4 1919 W. N. Pike Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 65871
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for no name McAuley (Name on original certificate) who Born (Was born or died) on Jan 16, 1919 (Date of event)
in Twin Falls (Place of event), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted	Harry Jr. McAuley

Subscribed and sworn to before me this 17th day of Feb, 1941.

..... Notary Public, residing at Jerome Ida

My commission expires May 26-1944.
[SEAL]

Signed H E McAuley Mrs Virginia McAuley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Feb, 1941.

..... Notary Public, residing at Jerome Ida

My commission expires May 26-1944.
[SEAL]

Signed Boyd Rydalch.
(Signature of any credible person other than the previous affiant.)

..... (Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 18 1965

33 - 204.024-635

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24th

Primary Registration District No. 1014

File No. .....

Registered No. .....

Full Name of Child Mary JANE Cleveland

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			yes	1 — 4 — 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry A. Cleveland	FULL MAIDEN NAME	Hattie Fletcher
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M. D.

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Gooding Ida.

Filed 1 — 4 — 1919 F. T. Cary M. D. Registrar

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5/7/41 Z.J.

A F F I D A V I T

MAY 3 1941

STATE OF IDAHO
SS-
COUNTY OF GOODING

I, H.A.Cleveland,being duly sworn,says that I am the father of Mary Jane Cleveland, that the same is her true full name,and that she was born on the 4th,day of January,1919 in the City of Gooding,Gooding County State of Idaho and that the attending Physician was Doctor F.T.Carey of of the City of Gooding,Idaho .

Dated at Gooding,Idaho this 1st,day of May,1941

H.A. Cleveland

State of Idaho
SS-
County of Gooding

On this 1st,day of May 1941,before me a Notary Public in and for said County, Personally appeared H.A.Cleveland known to me to be the person whose name subscribed to and within the foregoing instructment,and acknowldge to me that he executed the same. IN WITNESS whereof, I have hereu unto set my hand and affixed my official seal, the day and year in this affidavit first above written.

NOTARY PUBLIC
at Gooding, Idaho
My Commission Expires Sept. 20, 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-720-054-249

PLACE OF BIRTH

[redacted] No. 11—25m-6-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gording

City of Gording

No. ..... St.

Hospital Gording

Registration District No. 24th

Primary Registration District No. 1014

File No. 65873

Registered No. .....

Full Name of Child Joseph E. Maricle

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	Jan. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph E Maricle	FULL MAIDEN NAME	Bernice Burnell
RESIDENCE	Gording, Ida	RESIDENCE	Gording, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ky.
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Higgs M D (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Gording Idaho

Filed 2-10-1919 F. Cary M. D. Registrar

453-109-024-769

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH *

65876

Registration District No. 24 File No. ____

Primary Registration District No. 1014 Registered No. ____

FULL NAME OF CHILD LOUIS MONROE MELLOTT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	1 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry ~~Mellott~~ Mellott	Gay Gore
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE		Ida.
OCCUPATION	Soldier	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:a M. on the date above stated.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Address ____

Filed 2-12- 1919

F. J. Cary M. D.
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1942 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 65876

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Louis Monroe Mellott (Birth or Death)

for Mollett (Name on Original Certificate) who Jan. 9th 1918 (Was Born or Died) (Date of Event)

in Gooding Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by no record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Mollett	Mellott
Name	not given	Louis Monroe Mellott

Subscribed and sworn to before me this 12th day of October, 19 42.

Notary Public, residing at Los Angeles Cal.

My commission expires May 5th 1945 (Seal)

Signed Agatha May Mellott, Mother (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

144 So. Ditman Ave. Los Angeles Cal. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19 .

Notary Public, residing at

My commission expires (Seal)

Signed G J. Mounts (Signature of Any Credible Person Other Than Previous Year)

144 So Ditman ave. Los Angeles Cal (Street Address, City, State)

APR 18 1968

239-216-0 24415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65877

Registration District No. 24 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Marianne Elizabeth Stinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 – 16 – 1919

FATHER		MOTHER	
FULL NAME	George Stinger	FULL MAIDEN NAME	Pearl Davis
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Address Gooding

Filed 2 – 12 – 1919 F. J. Carey M. D.
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

SEP 8 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

96-221-024217

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65879

Registration District No. 24 File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Rozenna Katherine Rookstool

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 - 21 1919

FATHER		MOTHER	
FULL NAME	John Rookstool	FULL MAIDEN NAME	Glayds Lay
RESIDENCE	Wendell	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M.D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

Filed 2-12- 1919 F. L. Carey M.D.
Registrar

..... Registrar

S-Y-CO 38071

JUL 2 6 1973

JUN 9 1950

852-110-024-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65882

County of Gooding

City of Gooding, Ida. Registration District No. 24 File No.

No. St.

Primary Registration District No. 2014 Registered No.

Hospital

FULL NAME OF CHILD Robert Joy Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Wm. Hess	FULL MAIDEN NAME	Magda Jensen
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Williamstown Pa.	BIRTHPLACE	Jutland, Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Pamb M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding Ida

Filed 2-12-1919 F. T. Cary M.D. Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.113.024.249

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

65883

Registration District No. 24 File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Smith, John Eugene

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	January 13 1919

FATHER		MOTHER	
FULL NAME	James A Smith	FULL MAIDEN NAME	Martha Smith
RESIDENCE	Gooding, Ida	RESIDENCE	Gooding Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. C.
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Address Gooding

Filed 2—12—1919 F. T. Carey M. D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1954

386-103-006-994

Form V. S. No. 11-8

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65892

County of Bingham

City of Blackfoot

No. RD #1 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 8

Hospital

FULL NAME OF CHILD JAKE KENNETH Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	Yes	Jan 3 1919

FATHER		MOTHER	
FULL NAME	Aaron Milton Thompson	FULL MAIDEN NAME	Fern Rider
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Feb 11 1919 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

RECEIVED MAY 2

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 65892
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of His Birth (Birth or death) for Jake Kenneth Thompson (Name on original certificate) who Was born (Was born or died) on Jan 3 - 1919 (Date of event) in Blackfoot Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family records (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Aaron Milton Thompson	is father's name	
Fern Rider	is mother's maiden name	

This affidavit is made for purpose of setting forth names of parents

Subscribed and sworn to before me this 22nd day of May, 1941

O. K. Johannesen
Notary Public, residing at Idaho Falls, Ida.
~~My commission expires~~ March 11 - 1942
[SEAL]

Signed Aaron Milton Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Hamer, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. The undersigned is the mother of Jake Kenneth Thompson

Subscribed and sworn to before me this 22nd day of May, 1941

O. K. Johannesen
Notary Public, residing at Idaho Falls, Ida.
My commission expires March 11th 1942
[SEAL]

Signed Fern Rider Thompson
(Signature of any credible person other than the previous affiant)

Hamer, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

AUG 6 1948

365-217-006-693

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D.# 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 65893

Primary Registration District No. 2194 Registered No. 9

FULL NAME OF CHILD Unnamed Covington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	—	Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Winslow L. Covington	FULL MAIDEN NAME	Jane Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Registrar

Filed Feb 11 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.219.006.813

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65895

County of Bingham

City of Blackfoot

No. RD #1 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 11

Hospital

FULL NAME OF CHILD Rosalie Barrus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		—	Yes	Jan 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Barrus	FULL MAIDEN NAME	Zina Emiline Hale
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb 11 1919 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1964

416-123-006-547

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 65896

Primary Registration District No. 2194 Registered No. 12

FULL NAME OF CHILD Unnamed Daffin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Walter Daffin	FULL MAIDEN NAME	Evelyn Nugent
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed Feb 11 1919 Mrs Nellie E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113124-006-891

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D.# 1 St.

Hospital

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65897

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 13

FULL NAME OF CHILD Dale Hiatt Jackman

Sex of Child Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 24 1919 (Month) (Day) (Year)

FATHER

FULL NAME Sylvester M. Jackman

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Ann Hiatt

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE North Carolina

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Peck

Physician (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb 11 1919 Helen E. Guthrie

Registrar

JAN 23 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-215-006-2-93

Named added 9/10/79

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside

No. ..... St.

Hospital .....

Registration District No. 121

File No. 65898

Primary Registration District No. 2194

Registered No. 14

FULL NAME OF CHILD Loraine C. Chamberlain

Sex of Child Female

Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Chamberlain	FULL MAIDEN NAME	Alice Button
RESIDENCE	Blackfoot Ida Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Feb 11 1919 Mrs Walter E. Patrie

Registrar

Registrar

8-Y-CO 38071

FEB 2 7 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 24 1 25 PM '79

State of Idaho
County of Bingham } ss.

Certificate No. 65898
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Chamberlain (Female) who was born on Jan. 15, 1919
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Riverside (Bingham) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO - initial only
child's name	unnamed Chamberlain	Loraine C. Chamberlain

Subscribed and sworn to before me this 7 day of February, 1979

Notary Public, John W. Felt
Residing at Blackfoot, Idaho
My commission expires Feb. 19, 1979
(Seal)

Loraine C Chamberlain
Signature of Applicant

RT. 5 Box 233A Blackfoot, Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [redacted] day of [redacted], 19[redacted].

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-6-79

Individual Award gives name as Loraine C. Wray/ dated 1961-1962.award for Individual Leader's Achievement Award. viewed by V. S.

Marriage record from Utah gives name as Hyrum Clifford Wray and Loraine Chamberlain. dated March 19, 1937. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Fort Hall Id

Registration District No. 121

File No. 65899

No. —, — St.

Primary Registration District No. 2194

Registered No. 10

Hospital —

FULL NAME OF CHILD Harry William Gay.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	yes	Jan. 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Harrie Gay	FULL MAIDEN NAME	Lurella Elizebeth Scott
RESIDENCE	Fort Hall Idaho	RESIDENCE	Fort Hall, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Buffalo Gap S. D.	BIRTHPLACE	Wounded Knee Neb.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive and born living (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Fort Hall Idaho

Filed Feb 11 1919 Mrs Walter E.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 4 1965

155·105·006553

PLACE OF BIRTH

County of Bingham

City of Blkfoot

No. R F D 3 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 65900

Primary Registration District No. 2194 Registered No. 16

FULL NAME OF CHILD Guy N. Jensen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Jany 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Waldemere Jensen	FULL MAIDEN NAME	Geneva Nelson
RESIDENCE	Blkft R F D 3	RESIDENCE	Blkft R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hsempe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed Feb 11 1919 Mrs Hattie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Rm-9-8-17

65901

City of Bekyr

Registration District No. 121

File No.

No. RFD 1 - Thomas

Primary Registration District No. 2194

Registered No. 18

Hospital Theresa Jennie

FULL NAME OF CHILD Unnamed Hawkes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Jany 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold Hawkes	FULL MAIDEN NAME	Edna Wood
RESIDENCE	Bekyr R F 2	RESIDENCE	Bekyr R F 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Dominez

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Filed Feb 11 1919 Mrs Nater E Tabrie

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 1968 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 65901

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hawkes (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 9, 1919 (Date of Event)

in Bekft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Theresa Jennie Hawkes

Subscribed and sworn to before me this 31 day of July, 1968

Arlene Walker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug 5 1968

(Seal)

Signed G L Crapo

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

292-11th

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonn } [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July, 1968

Arlene Walker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug 5, 1968

(Seal)

Signed Arzella Wheeler

(Signature of Any Credible Person)

930 Wheeler St. Idaho Falls, Ida

(Street Address, City, State)

Form DH 60) 155 CL 7-30-68. one copy pd. rec. #37964

Own Child's Birth Cert. on file (Idaho Birth), #435327, gives full name of mother as Theresa Jennie Hawkes - viewed by VS.

AUG 7 1968

LDS Church Cert. of Blessing, March 2, 1919, gives full name as Jennie Thersa Hawkes, daughter of Harold ~~Hawkes~~/~~Edna~~ Hawkes and Edna Wood, born Jan. 9, 1919 at Thomas, Idaho - viewed by VS.

MAR 16 1973

Own Child's Birth Cert. on file (Idaho Birth),#360795, gives full name of mother as Theresa Jennie Hawkes - viewed by Vs.

LDS Church Records Statement, Paul W. Ahlstrom, President, Idaho Falls Stake, gives name of member as Jennie Theresa Hawkes Mason, born Jan. 9, 1919 at Thomas, Idaho - viewed by VS.

859129100 6-2[redacted]

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blkft

No. RFD 1 St.

Registration District No. 121

File No. 65902

Primary Registration District No. 2194

Registered No. 20

Hospital Ervin Randall

FULL NAME OF CHILD ~~Unnamed~~ Herbst

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Jany 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Herbst	FULL MAIDEN NAME	Mabel Stevens
RESIDENCE	RFD 1 Blkfoot	RESIDENCE	Blkft RFD 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed Feb 11 1919 Mrs Nellie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-223-006319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 65903

No. ~~609 University~~ St. Route 1

Primary Registration District No. 2194

Registered No. 22

Hospital No

FULL NAME OF CHILD Helen Ranstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	1 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Karl Ranstrom	FULL MAIDEN NAME	Mathilda Carlson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb 11 1919 Mrs Nellie E. Patrick

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419211-006-419

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

Primary Registration District No. 2194

File No. 65904

Registered No. 24

FULL NAME OF CHILD Unnamed Mark

Sex of Child: Female / Male

This Triplet or other? } and { Number in order of birth } (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 16 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Louis Mark

RESIDENCE: Pingree Ida

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Italy

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Josie Mark

RESIDENCE: Pingree Ida

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Italy

OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Parker

Phys.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 11 1919 Mrs Hallie E. Parker
Registrar

16 8 12 7 006 469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 609 University St.

Hospital No

Registration District No. 121

File No. 65905

Primary Registration District No. 1007

Registered No. 23

FULL NAME OF CHILD Robert ~~Calvin~~ CALVIN Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	1 27 1919

FATHER		MOTHER	
FULL NAME	George ~~Edwin~~ EDWIN Johnston	FULL MAIDEN NAME	~~Ada~~ ADA May Morrison
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa.	BIRTHPLACE	Minnisoda
OCCUPATION	Maskinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Feb 11 1919 Mrs Walter E. Batway Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

m V. S. No. 11-C—25m-5-8-17

.....

d No.....

.....

..... 191...
m(h) (Day) (Year)

/T LAST
THDAY.....
(Years)

ng present birth.....

... at.....M.

.....

.....
)

.....

.....
Registrar

MAR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 65905

State of Idaho } ss.
County of Bingham

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Robert Calvin Johnston (Name on Original Certificate) who (Was Born or Died) on Jan 27th 1919 (Date of Event) in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 11 - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Robert Calvan Johnston	Robert Calvin Johnston
father's name	George Edward Johnston	George Edwin Johnston
mother's name	Eda May Morrison	Ada May Morrison

Subscribed and sworn to before me this 11th day of March, 1942

By Ada M Morrison Cheeney

Minnie B. Lee

Notary Public, residing at Cheyenne Wyo.

My commission expires June 9. 1942
(Seal)

Signed Ada M. Morrison - Mrs H. Cheeney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 13 1942

155-130-006 169

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoor

No. 20 Shileing St.

Hospital

Registration District No. 121

File No. 65906

Primary Registration District No. 1007

Registered No. 21

FULL NAME OF CHILD Unnamed Jensen Clifford Marvin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Jan 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John P. Jensen	FULL MAIDEN NAME	Clara Jorgensen
RESIDENCE	Presto Ida	RESIDENCE	Presto Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Damond

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Feb 11 1919 Mrs Nates E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-125-006394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. Ash St. St.

Registration District No. 121

File No. 65907

Primary Registration District No. 1007

Registered No. 19

Hospital GENEVIEVA

FULL NAME OF CHILD ~~[illegible]~~ Berdusco

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Jany 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Josi Berdusco	FULL MAIDEN NAME	Maria Cruz
RESIDENCE	Bekft. Ash St	RESIDENCE	Bekft. Ash St
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Hsenife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Damsmas

(Physician or midwife)

Given names added from a supplemental report

Address Blackfoot Ida

19

Filed Feb 11 1919 Mrs Walter E. Gabriel

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda }

Certificate No. 65907

Date Filed Feb. 11, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Berdusco (Name on Original Certificate) who was born (Was Born or Died) on January 25, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on March 1, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Berdusco	Genevieva Berdusco

Subscribed and sworn to before me this 6th day of April, 19 55

Notary Public, residing at 742 Broadway, Oakland
My commission expires March 12, 1959
(Seal)

Signed x Maurice C. Berdusco
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~) Mother

141 Linden St., Oakland,
(Street Address, City, State) Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1917 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 19 55

Notary Public, residing at 742 Broadway, Oakland
My commission expires March 12, 1959
(Seal)

Signed Jose Berdusco
(Signature of Any Credible Person) Father

141 Linden St., Oakland,
(Street Address, City, State) Calif.

DPH 52-155 Corrected

APR 9 1974

IDAHO LIVE BIRTHS

File Date 0211 1919

Cert No. 1919 065907
Birth Date 0125 1919
Time 2200 M

Name GENEVIEVA BERDUSCO
Name

Sex M County BIN BLACKFOOT

Mother's Name MARIA CRUZ
Age 24 St-of-b MX

Father's Name JOSI BERDUSCO
Age 31 St-of-b MX

Ind	Date	Ind	Date	Ind	Date	Ind	Date	Ind	Date	Ind	Date
1	1	2	2	3	3	4	4	5	5	6	6

Amend:
Change:
Action:

PA1-Exit PF7-Back PF8-Next PF14-Print PF22-Delete PF23-Move
PF9-Add PF12-Update PF15-Name-Change PF20-Override

Called 10-14-97

Said Return Notarized
corr. Aff : 2 doc
showing female
Prior to 1983

I cant find 1988
corresp.

5-18-88
5
83

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36/108/006443

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. E. Judicial St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65908

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 17

FULL NAME OF CHILD Clarence A. Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	January 8 1917

FATHER	MOTHER
FULL NAME Frank Cooper	FULL MAIDEN NAME Leola Duley
RESIDENCE Pocatello - East Oneida St	RESIDENCE Pocatello S. Asylum St
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Iowa
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Address Pocatello Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 11 1917 Mrs. Nellie E. Peters

Registrar

395-222-006-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65909

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Home

Registration District No. 121

File No. .....

Primary Registration District No. 1007

Registered No. 4

FULL NAME OF CHILD Halene Trego

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		3rd	Yes	Jan 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L Trego	FULL MAIDEN NAME	Minnie Hoffine
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Feb 10 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24 X 127 006-255

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

C-25m-9-8-17

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 65910

No. Shilling Ave. St.

Primary Registration District No. 1007

Registered No. 5

Hospital

FULL NAME OF CHILD Charles Henry Bumgarner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		1st	Yes	Jan 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Bumgarner	FULL MAIDEN NAME	Ella Marie Beecroft
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Park City - Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Feb 10 1919 Mrs Walter E. Patrick
Registrar

Registrar

1/13/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF _____)
) SS.
COUNTY OF _____)

AFFIDAVITS FOR CORRECTION OF A RECORD

E. Marie Bumgarner of West Yellowstone, Montana

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

Charles Henry Bumgarner
if friend or otherwise, so state)

who was born in the city of Blackfoot, County of Bingham
(was born, died)

on the 27th day of January, 19 19, as stated in a certificate of birth
birth or

filed by Dr. H. J. Simmons, M. D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Blackfoot, Ida., County of Bingham

Idaho, on the 10th day of February, 1919.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mother's maiden name -- Marie Park

Spelling of last name -- Bumgartner

That affiant upon Her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Mother's maiden name -- Ella Marie Beecroft

Spelling of last name -- Bumgarner

(SEAL)

Affiant Marie Bumgarner

Address West Yellowstone Mont

Subscribed and sworn to before me this 7 day of Jan. 1941

C. S. Peterson

Notary Public
NOTARY PUBLIC for the State of Montana,
Residing at West Yellowstone, Montana.
My commission expires February 23rd, 1943.

STATE OF Idaho)
) SS.
COUNTY OF Bingham)

Anna M DeKay of Blackfoot, Ida

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Anna M. DeKay

Address Blackfoot, Ida.

Subscribed and sworn to before me this 4 day of January 1941.

(Seal)

Fred L. Kiger

Notary Public
Residing at Blackfoot, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793131 1006-633

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Fisher Ave. St.

Hospital

Registration District No. 121

File No. 65911

Primary Registration District No. 1007

Registered No. 6

FULL NAME OF CHILD Howard Gill

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	1st	Yes	Jan 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard W. Gill	FULL MAIDEN NAME	Eva Ollphin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Colo	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Feb 10 1919 Mrs Walter E. Patrick

Registrar

289.125.040-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ---------- St.

Hospital Providence

Registration District No. 122

Primary Registration District No. 2200

File No. 65913

Registered No. 95

FULL NAME OF CHILD John ~~Francis~~ Shreve

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan. 25th. 1919

FATHER	MOTHER
FULL NAME: Frank Nelson Shreve	FULL MAIDEN NAME: Katherine Heighberger
RESIDENCE: Osborne, Idaho.	RESIDENCE: Osborne, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Leesburg, Virginia	BIRTHPLACE: Strawberry Pt. ,Iowa
OCCUPATION: Book-keeper	OCCUPATION: House-wife

Number of child of this mother, including present birth: Fifth

Number of children of this mother now living, including present birth: Fifth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Ida.

Filed Jan 29 1919 H. E. Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1959

365-192-080-962

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

No. ____ St.

Primary Registration District No. 2200

Hospital ____

FULL NAME OF CHILD Lewis Conn

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65914

File No. ____

Registered No. 88

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 2 1919

FATHER		MOTHER	
FULL NAME	Harry Conn	FULL MAIDEN NAME	Lillian Roberts
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 9 M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Jan 10 1919 H. C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1963

397-203-040-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65915

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200 Registered No. 89

Hospital

FULL NAME OF CHILD Ida Lippa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Lippa	FULL MAIDEN NAME	Freda Paskanuchi
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida.

19

Filed Jan 10 1919 H. C. Mowery

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1963

JAN 2 8 1943

217. [redacted]

V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65916

County of Shoshone

City of Wallace Registration District No. 122 File No.

No. St. Primary Registration District No. 2200 Registered No. 90

Hospital

FULL NAME OF CHILD Jack Carlisle Baxter

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	[redacted]	1st	yes	Jan 7 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Baxter	Ellen Pulkerson
RESIDENCE	Wallace Ida	Wallace, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	36
BIRTHPLACE	England	Montana
OCCUPATION	Hotel Proprietor	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Idaho

Filed Jan 15 19 19 H.C. Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AGE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

41371 7 040-319

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

65918

County of Shoshone

City of Burke

Registration District No. 122

File No.

No. , St.

Primary Registration District No. 2200

Registered No. 92

Hospital

FULL NAME OF CHILD Arthur Dominic Malnati

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M	One		yes	1 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Malnati	FULL MAIDEN NAME	Josephine Caro
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Italy	BIRTHPLACE	Wardner Ida
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given name added from a supplemental report

Address Burke Ida

, 19

Filed Jan 25 1919 H. C. Mowery Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866218 040-864

PLACE OF BIRTH

Form V No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

65919

County of Shoshone

City of East Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 93

Hospital

FULL NAME OF CHILD Louise Gertrude Howland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Howland	FULL MAIDEN NAME	Lucy House
RESIDENCE	East Wallace	RESIDENCE	East Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Moulder	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

19

Address Wallace Ida

Filed Jan 19 1919 H. C. Mowery

Registrar

Registrar

S-Y-CO 36071

JUN 19 1944

735-219 [illegible]-463

[illegible]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65920

City of Sunset

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 94

Hospital

FULL NAME OF CHILD Beatrice Irene Pledger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Pledger	FULL MAIDEN NAME	Mattie Molds
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed Jan 25 1919 H. C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

APR 20 1944

APR 3 1964

133-2 [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Plummer

Registration District No. 46

File No. 65921

No. ..... St.

Primary Registration District No. 2123

Registered No. 56

Hospital .....

FULL NAME OF CHILD June Marcella Allison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 9th 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Allison	FULL MAIDEN NAME	May Smith
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Milwaukee, Wisc.	BIRTHPLACE	Lincoln Neb.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth Nine (9) Number of children of this mother now living, including present birth Seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

Accoucheur. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho.

Filed 7/14 1917 [illegible] Registrar

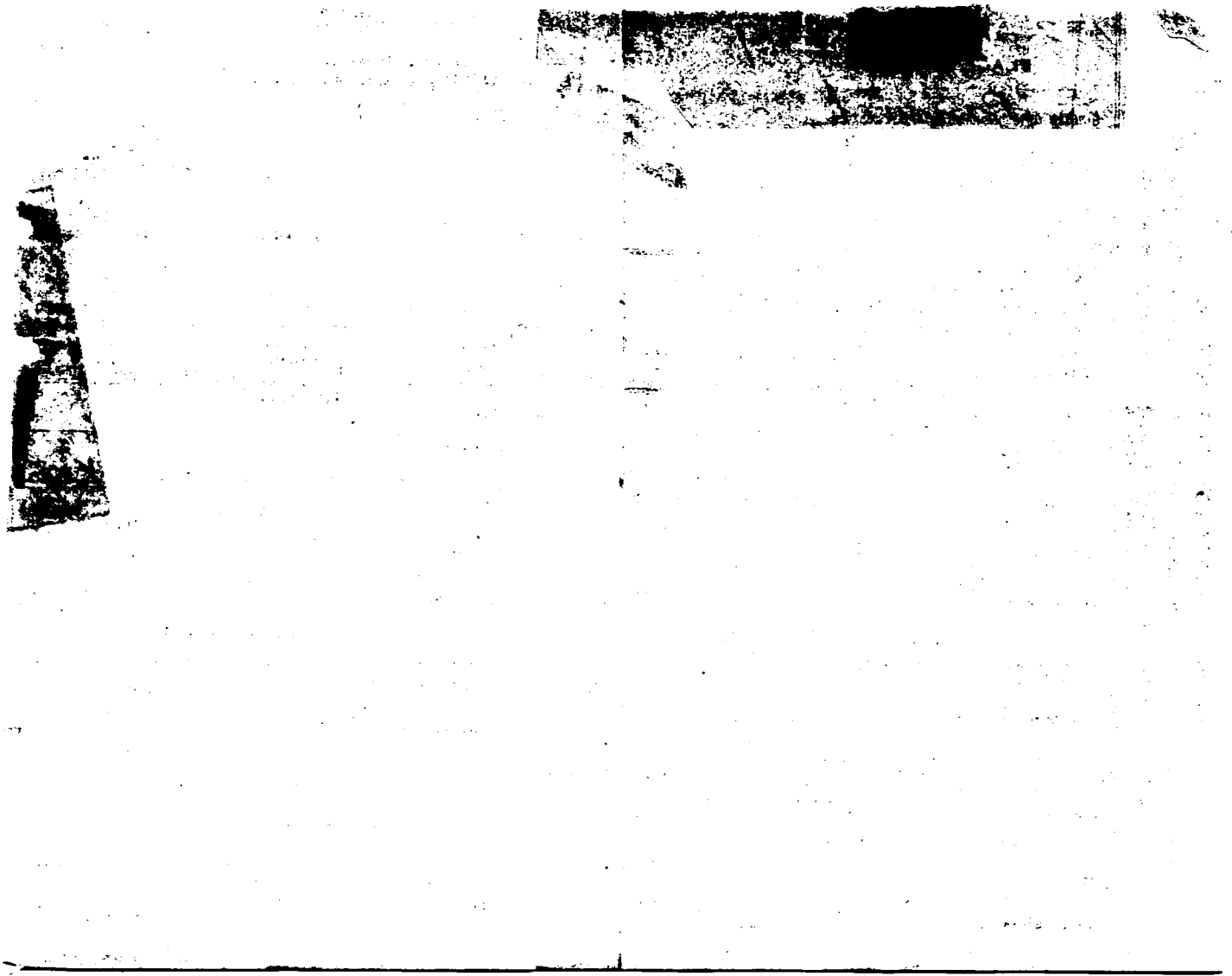
Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



312-228-D

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 65922

County of Ada

City of Oakley

No. 1 St.

Hospital

Registration District No. 120 File No. XX

Primary Registration District No. 249 Registered No. 24

FULL NAME OF CHILD Lake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 28 1919

FATHER		MOTHER	
FULL NAME	Frank Lake	FULL MAIDEN NAME	Georgia Brown
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	New York	BIRTHPLACE	California
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) [signature]
(Physician or midwife)

Address Oakley Idaho

Filed Feb 11 19 19 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-124-1016-395

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65924

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 22

Hospital .....

FULL NAME OF CHILD Clair Tinsley Matthews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess Matthews	FULL MAIDEN NAME	Virga Tinsley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nierson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Registrar

Filed Jan 30 1919 A. F. Nierson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

YEAR: 1919

FILE # 65925

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1919-65925 A & B TWINS

[redacted]

14 [redacted]

Registration District No. [redacted] File No. 63925

(In hospital or institution give name.) Prim. Registration District No. [redacted] Local Registrar's No. [redacted]

NAME OF CHILD Forest Douglas Adams

3. Sex Male	If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth	6. Premature / Full term	7. Legitimate? Yes	8. Date of birth Jan. 23 1919 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Adams	18. Full maiden name Geneva Elison
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley	19. Residence (usual place of abode) (If non-resident, give place and State) Oakley
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or Country) Utah	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. E. Nielson, M. D.

or Oakley Idaho, Midwife

Address

Give name added from a supplemental report

(Date of)

Filed Jan 31 1919 H. E. Nielson Registrar.

Registrar.

1/31/1919

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible] — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend the Original Certificate of Birth or Death

RECEIVED AUG 2 1941

State of Idaho } ss.
County of Cassia }

Certificate No. [illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Stewart Donald Adams (Birth or death)

for birth record (Name on original certificate) who was born (Was born or died) on Jan. 23, 1919 (Date of event)

in Oakley, Idaho (Place of event) are ~~[illegible]~~ omitted; and that, to the best of his knowledge, the true facts as shown by birth certificate (Bible record, insurance policy, etc.) prepared on (Give date), are:

joined in one with twin brother

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Two certificates needed, this being one certificate only issued for twin boys born on same date. Please issue two certificates- one for Forest Douglas Adams-other for Stewart Douglas Adams.		

Subscribed and sworn to before me this 29 day of July, 1941

Notary Public, residing at Burley

My commission expires June 1, 1942

[SEAL]

Signed Geneva E. Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or

Certific

State of

County o

The unde

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-123, 016-539

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE [illegible] BUREAU OF VITAL STATISTICS [illegible] BIRTH

65925 B

County of Mia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. ..... File No. XX

Primary Registration District No. 2199 Registered No. 4

FULL NAME OF CHILD Stewart Donald Adams

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male male	X Twin ~~Triplet or other?~~ and Number in order of birth 7	yes	Jun 23 1919

FATHER		MOTHER	
FULL NAME	Fred Adams	FULL MAIDEN NAME	Geneva Elison
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.50 4.35 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nielson

Oakley Idaho

Given names added from a supplemental report.

Address

..... 19 .....

Filed Jul 30 1919 H. O. Nielson

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STA
CERTIFICATE

963.123.0[illegible]

PLACE OF [illegible]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65926

County of Oaxie

City of Oakley

Registration District No. 120

File No. XX

No. _____ St.

Primary Registration District No. 2199

Registered No. 20

Hospital _____

FULL NAME OF CHILD Stanley Strom Rock

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Yes	Jany 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Isaiah Rock	FULL MAIDEN NAME	Hulda Ingvalda Strom
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 10 a. M. on the date above stated.

(Signature) Jesse L. Rainsmith

(Physician ~~or midwife~~)

Address Oakley

Filed Feb 10 1919

[signature] Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-121-016-434

PLACE OF BIRTH name added 11-14-83 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-9-8-17

CERTIFICATE OF BIRTH 65927

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2194

Registered No. 19

FULL NAME OF CHILD Wilford J. Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jan (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Sam Green	FULL MAIDEN NAME	Vivian McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Nielson (Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19....

Registrar

Filed Jan 21 1919 R. O. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-26-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 9 9 29 AM '83

State of _____ } ss.
County of _____ }

Certificate No. 65927
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Green (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 21, 1919 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Wilford James Green

Subscribed and sworn to before me this 8th day of November, 1983

Notary Public, Tyralee M. Denny

Residing at Pocatello

My commission expires 11-26-84

(Seal)

x Wilford J. Green
Signature of Applicant

x 966 Jones Drive
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1983

Notary Public, Tyralee M. Denny

Residing at Pocatello

My commission expires 11-26-84

(Seal)

lcc pd

Margaret M. Jones
Supporting Signature

3205 Pebble Lane Pocatello
Street Address, City, State

Baptism record for Wilford J Green born Jan 21, 1919 in Oakley to samuel Green and Vivian V McMurray was baptised Feb 6, 1927. Viewed by V.S.

Honorable Discharge from U.S. Armed Forces gives Wilford J Green born Jan 21, 1919 in Oakley was discharged Oct 12, 1945. Viewed by V.S.

819.119.016-553

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. 65928

Primary Registration District No. 2199 Registered No. 18

FULL NAME OF CHILD Harper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seth Harper	FULL MAIDEN NAME	Lillian Wilson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Transfer Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. O. Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Feb 19 1919 R. T. O. Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 1191016-299

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65929

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 17

FULL NAME OF CHILD Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom Cook	FULL MAIDEN NAME	Irene Brim
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

..... Registrar

Filed Feb 3 1919 H. H. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-117-016-665

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 150

File No. 65930

Primary Registration District No. 2199

Registered No. 16

FULL NAME OF CHILD Raymond Benjamin Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Jan 17 1919

FATHER		MOTHER	
FULL NAME	S. B. Crane	FULL MAIDEN NAME	Hattie Owen
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed [illegible] 19 19

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1945

363-116-016-363

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65931

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120

Primary Registration District No. 2199

File No. XX

Registered No. 15

Hospital .....

FULL NAME OF CHILD Wendell Levor Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
male			Yes	Jan 16 19

FATHER		MOTHER	
FULL NAME	W. A. Tolman	FULL MAIDEN NAME	Hattie Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Nelson

(Physician or midwife)

Address Oakley Idaho

Filed Jan 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

own Child's Birth Certificate on file, #49-0140h, Feb. 17, 1949 gives name as Wendell Levor Tolman - viewed by V.S. and L.D.S. Certificate of Ordination to the Holy Priesthood, Feb. 1, 1931 gives name as Wendell Levor Tolman - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 65931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tolman Wendell Levor Tolman who was born on Jan. 16, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family Genealogy Record prepared on Since Birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wendell Levor Tolman
Wendell Levor Tolman		

Subscribed and sworn to before me this 8 day of March, 1959

E L Stowell
Notary Public, residing at Pocatello Idaho
My commission expires 3-1-63
(Seal)

Signed Emma J. Higgins (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R-1-S. Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of March, 1959

E L Stowell
Notary Public, residing at Pocatello Idaho
My commission expires 3-1-63
(Seal)

Signed Alma J. Tolman (Brother)
(Signature of Any Credible Person)
R-1-S. Pocatello, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 1-22-59. one copy pd.

APR 3 1959

864213016-355

Form V. S. No. 11-C—20m-3-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65932

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 14

FULL NAME OF CHILD Marjorie Virginia Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orva Young	FULL MAIDEN NAME	Eleanor Lee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housemaid

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed [illegible] 1919 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-212-016-713

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65933

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. B

FULL NAME OF CHILD Johnson

Sex of Child Female	Twin Triplet or other? / and Number in order of birth / (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jany 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Lucian Johnson	FULL MAIDEN NAME	Alma F. L. Galloway
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Manager of lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed Feb 10 1919 [signature] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349 211-016-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65934

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 12

FULL NAME OF CHILD Coral Curtis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert William Curtis	FULL MAIDEN NAME	Viola Mary Hale
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Contractor & builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed Feb 10 1919

S-Y-CO 38071

Registrar

A. H. Nelson

Registrar

MAY 20 1959

391-2111016-613

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65935

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD HELEN ELIZA Garner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Garner	FULL MAIDEN NAME	Maud Walker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

..... Registrar

Filed Jan 11 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

JAN 19 1942

Certificate No. 65935

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Female Craner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 11, 1919 (DATE OF EVENT)
in Oakley (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 12, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
given name	unnamed	Helen Eliza

Subscribed and sworn to before me this 15th
day of January, 19 42

Notary Public, residing at Twin Falls
My commission expires Jan 28, 1945
(SEAL)

Signed Mrs. F. W. Bertsch, Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
361 2nd Ave. West, Twin Falls, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of January, 19 42

Notary Public, residing at Twin Falls, Idaho
My commission expires Jan 28, 1945
(SEAL)

Signed Wilma S. Sharp
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1230 Addison Ave. East
Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By
(REGISTRAR'S SIGNATURE)

391-2081016-418

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65936

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 10

FULL NAME OF CHILD Craner, Melba Arie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Jan 8 1919

FATHER		MOTHER	
FULL NAME	Joseph Craner	FULL MAIDEN NAME	Bertha Maybe
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Jan 16 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

445106-016-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65937

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2194

Registered No. 9

FULL NAME OF CHILD Du Vall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Du Vall	FULL MAIDEN NAME	Mabel Golette
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

..... Registrar

Filed Feb 10 1919 A. H. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1967

753 105 016-764

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Child's and father's name amended 1-10-84 fc

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill

No. _____ St.

Hospital _____

Registration District No. 120

File No. 65938

Primary Registration District No. 2194

Registered No. 8

FULL NAME OF CHILD SWEN MERWIN PETTERSON Petterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jany 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Swen Nathneal Petterson NATHNEAL PETTERSON	FULL MAIDEN NAME	Margaret Elizabeth Poulton
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rains M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Oakley

Filed Feb 10 1919

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JAN 10 2 23 PM '84

State of ..... } ss.
County of .....

Certificate No. 65938

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1919 (Date of Event)
in Churchill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Peterson	Swen Marwin Petterson
Father's name (Last)	Peterson	Petterson
Father's middle name	Naithneal	Nathneal

Subscribed and sworn to before me this 10th day of January, 1984.

Florence Courtright

Notary Public, residing at Blue

My commission expires 4-20-86

(Seal)

Signed Swen Petterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/31/71 lbc. pd. rec. # 22191

Honorable Discharge issued by the United States Navy gives name as Swen Merwin Petterson, Fireman Second Class USNR. Issued March 3, 1946, Born January 5, 1919 in Oakley, Idaho. Entered active service January 2, 1945
Viewed by V.S.

High School record issued by the Hazelton Rural High School shows name of child as Merwin Petterson born January 5, 1919, in Oakley, Idaho, to Swen Nathneal Petterson. School Record issued August 30, 1935.
Viewed by V.S.

249-102-016-553

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65939

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 587

FULL NAME OF CHILD Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Smith	FULL MAIDEN NAME	Rettie Nelson
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Jan 10 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 4 1970

6 89-1-01-016-815

PLACE OF BIRTH name added 4-1-82

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65940

County of Ada

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 130

File No. XX

Primary Registration District No. 299

Registered No. 46

FULL NAME OF CHILD Clyde E Whittle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 1 1919

FATHER		MOTHER	
FULL NAME	Jesse Whittle	FULL MAIDEN NAME	Alice Rangeln
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address Oakley Idaho

Filed Feb 20 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-23-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 30 2 18 PM '82

State of _____ } ss.
County of _____

Certificate No. 65940
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Whittle (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-1-19 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Clyde E. Whittle

Subscribed and sworn to before me this 22 day of
3-22-82, 19__.
Notary Public, L. Lorraine Schimmels
Residing at Caldwell, Idaho 83605
My commission expires February, 1984
(Seal)

x Clyde E. Whittle
Signature of Applicant
RT 9 Box 62 Caldwell, Id. 83605
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of
March, 1982
Notary Public, L. Lorraine Schimmels
Residing at Caldwell, Idaho
My commission expires February, 1984
(Seal)

Marvin C Whittle
Supporting Signature
345 FST Jerome Ida
Street Address, City, State

Credit ICC

Application to Loyal Protective Life Ins Co. gives Clyde F Whittle born 1-1-19 in Idaho age at last birthday 36. Viewed by V.S.

APR 1 1982

Veterans Administration Certificate of Eligibility dated March 20, 1947 gives Clyde E Whittle date of birth 1-1-19. Viewed by V.S.

259-201-016-819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

Primary Registration District No. 2199

File No. 65941

Registered No. 485

FULL NAME OF CHILD ROMA Keim

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 1st (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Keim	FULL MAIDEN NAME	Maud Haight
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Feb 30 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 65941

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 1 - 1919 (DATE OF EVENT)

in Oakley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 1 - 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Roma Keim
		Aunt

Subscribed and sworn to before me this 20th day of February, 1943

M F Russell

Notary Public, residing at Twin Falls Idaho

My commission expires My Commission Expires Aug. 1, 1945

(SEAL)

Signed ✓ Mrs Frank Keim

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1304 - 7th Ave E. Twin Falls Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1943

M F Russell

Notary Public, residing at Twin Falls Idaho

My commission expires My Commission Expires Aug. 1, 1945

(SEAL)

Signed J. Frank Keim Uncle

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1304 - 7th Ave E. Twin Falls Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 23 1943

719-115-033-133

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 65955

Registered No. .....

FULL NAME OF CHILD HAZEN ALLEN PARKINSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	yes	1 (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. S. Parkinson	FULL MAIDEN NAME	Lenna Allen
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Cove Ut.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H S Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 2/15 1919 J Rymmg Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from certificate 265576

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ____
City of ____
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED
MAY 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265576
65955

Registration District No. ____ State File No. ~~265576~~

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD HAZEN ALLEN PARKINSON

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M.	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes		June 26, 19[illegible] (Month, Day, Year)

FATHER	MOTHER
9. Full name Hazen Smart Parkinson	18. Full maiden name Lenna Allen Parkinson
10. Residence (usual place of abode) (If non-resident, give place and State) Salt Lake City Ut.	19. Residence (usual place of abode) (If non-resident, give place and State) Salt Lake City Ut
11. Color or race white | 12. Age at last birthday 54 (years)	20. Color or race white | 21. Age at last birthday 51 (years)
13. Birthplace (city or place) (State or Country) Franklin Idaho	22. Birthplace (city or place) (State or Country) Coal Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Dr George Parkinson Nephew, M. D.
or ____, Midwife
Address Idaho address not known at present.

Filed MAY 11 1938, 193[illegible]

Registrar.

DELAYED

dup of 1919-65955

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hozen Allen Parkinson being first duly sworn says that he is the Son of Hozen Smart and Lenna Allen Parkinson
(Relationship of child)*

born Jan 26 1919 at Rexburg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Geo. Parkinson M. D. was the Midwife medical attendant at the birth of said Hozen Allen Parkinson and that the said medical attendant is X
(Now deceased (or) cannot be located)

Name of Affiant Hozen Smart ~~Allen~~ Parkinson (Father)

P. O. Address 124 G St. Salt Lake City Utah

Subscribed and sworn to before me this 10th day of May, 1938

[signature]
Notary Public.

Residing at Salt Lake City Utah, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

543221033-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65957

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernea Edlefsen

Sex of Child Female | Twin Triplet or other? One | and | Number in order of birth — | Legitimate? Yes | Date of Birth 1 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. M. Edlefsen	FULL MAIDEN NAME	Nellie Covington
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Logan Ut	BIRTHPLACE	Ogden Ut.
OCCUPATION	Mechanic	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] 4 5 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2/18 1919 J. Wyong

Registrar

S-Y-CO 38071

OCT 1 1969

253-107033-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65958

County of Madison

City of Plano

No. _____ St.

Hospital _____

Registration District No. 10C

File No. _____

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD CARL LEONIDAS KELLER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	—	Yes	1 (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. L. Keller	FULL MAIDEN NAME	Rose Chandler
RESIDENCE	Plano Ida.	RESIDENCE	Plano Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouria	BIRTHPLACE	Plano Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 a M. on the date above stated.

(Signature) C. G. Parkinson
Physician
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 2/18 1919 J. Young Registrar

S-Y-CB 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 65958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)
for Carl Leonidas Keller (Name on original certificate) who ~~was~~ born on Jan 3 1919 (Was born or ~~died~~) (Date of event)
in Plano (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on December 16 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Keller	Carl Leonidas Keller

Subscribed and sworn to before me this 16th day of December, 1941

Notary Public, residing at St Anthony Idaho

My commission expires Jan 18 1945

[SEAL]

Signed Mrs E. L. Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of December, 1941

Notary Public, residing at St Anthony Idaho

My commission expires Jan 18 1945

[SEAL]

Signed Robert L. Mason
(Signature of any credible person other than the previous affiant.)

St. Anthony, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255·108·033-231

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 65960

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD Ernest Loyd Bench

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bench	FULL MAIDEN NAME	Olive Rozilla Stauffer
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 7/16 1919 J. Young Registrar

253.105.0773-343

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 65961

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Joseph Lucas Sellers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan. 5 1919

FATHER	MOTHER
FULL NAME Joseph H. Sellers	FULL MAIDEN NAME Myrtle P. Lucas
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Pacheco Mexico	BIRTHPLACE Plano Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/16 1919

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

113-207-033-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

65968

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 7th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George H. Jackson	FULL MAIDEN NAME	Josephine J. Hemsley
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Plano Idaho	BIRTHPLACE	S.L. City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 7th 1919 (Born alive or stillborn), at 5-10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 2/16 1919

[signature] Registrar

117-011-033 - 692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 65969

Registered No. .....

FULL NAME OF CHILD ELIZABETH JACKSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 11th 1919

FATHER	MOTHER
FULL NAME: Jese H. Jackson	FULL MAIDEN NAME: Mary E. Fisher
RESIDENCE: Plano Idaho	RESIDENCE: Plano Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Paradise Utah	BIRTHPLACE: Plano Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 11th 1919 (Born alive or stillborn) at 4-50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

(Signature) Carlay Nelson M.D.

(Physician or midwife)

Address Rexburg Idaho

Filed 1/16 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 65969
JAN 27 [illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who (Was born or died) Jan Born, 1919 on Jan 11, 1919 (Date of event)
in Pleasant, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	no name given	Elizabeth Jackson

Subscribed and sworn to before me this 21
day of May, 1941.

[illegible] Nelson
Notary Public, residing at Pocatello,
My commission expires Dec. 6, 1941
[SEAL]

Signed Mrs Mary E. Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

719.231 033-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65970

County of Madison

City of Rexburg

No. ..... *St.*

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 31st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Gardner	FULL MAIDEN NAME	Mattha Blunk
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White — AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Prattville Utah	BIRTHPLACE	Germany
OCCUPATION	Day Loborer	OCCUPATION	Day Laborer

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 31st 1919. (Born alive or stillborn) at 5-45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 2/16 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-130-073-249

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 65971

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 30th 1919

FATHER	MOTHER
FULL NAME: Wm. Everett Robertson	FULL MAIDEN NAME: Arzella Smith
RESIDENCE: Plano Idaho	RESIDENCE: Plano Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Plano Idaho	BIRTHPLACE: Morgan Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 30th 1919 at 11-45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M D
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/16 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796228.033-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... *St.*

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 65972

Registered No. .....

FULL NAME OF CHILD Ruth Elnora Grover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Grover	FULL MAIDEN NAME	Eleanor Ann Homer
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Grouse Creek Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live On Dec 28th 1919 at 7-25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 7/6 1919

J. P. Young
Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 38 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65972

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Grover (Name on Original Certificate) who was born (Was Born or Died) on January 28, 1919 (Date of Event)
in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Ruth Elnora Grover

Subscribed and sworn to before me this 5th day of February, 1977.

Notary Public, residing at Rigby, Idaho
My commission expires 10/22/77
(Seal)

Signed Alton E. Hansen
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1977.

Notary Public, residing at Rigby, Idaho
My commission expires 10/22/77
(Seal)

Signed Zilpa Perry
(Signature of Any Credible Person)

Route 3, Rigby, Idaho 83442
(Street Address, City, State)

FORM DH 60-155

nm. CL sent per phone call 2/2/77

Certif of Blessing from the LDS Church gives name as Ruth Eleanor Grover daughter of John O. Grover and Eleanor A. Hamer. Born Jan 28, 1919 at Archer, Idaho. Blessed April 6, 1919. viewed b By V. S.

Certif of Baptism and Confirmation from the LDS Curch gives name as Ruth Elenora Grover daught er of Jn. O. Grover and Eleanorea A. Homer. born Jan 28, 1919 at Archer, ~~kaa~~Idaho. Baptized Aug 6, 1927. vie ed by V. S.

249-121-033-844

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-6-27

65973

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan 21st 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Smith	FULL MAIDEN NAME	Agnes Hudson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	England
OCCUPATION	Clerk - Grocery Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Jan 21st 1919 at 2-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19..

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-206-033-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65974

County of Madison

City of Rexburg

No. ..... *St.*

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD Gladys Stratton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 6th 1919

FATHER		MOTHER	
FULL NAME	Geogge L. Stratton	FULL MAIDEN NAME	Mabel Parker
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kentuckey	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Feb. 6th 1919 (Born alive or stillborn) at 2-15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Riley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 2/16 1919

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO,
County of Madison } ss. DEC 20 8 39 AM '74

Certificate No. 65974
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stratton (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gladys Stratton

Subscribed and sworn to before me this 19th day of December, 19 74
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1975
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
250 Mohawk, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO,
County of Madison, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 19 74
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1975.
(Seal)

Signed [signature]
(Signature of Any Credible Person)
Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/26/74 ret'd $1

DEC 23 [illegible]

Eighth grade diploma from Idaho, Rexburg, Idaho gives name as Gladys Stratton dated Mau 11,1934. viewed by V. S.

MXXX Marriage License and Certif. gives name as Steve Evenciocky and Gladys Stratton. dated Oct. 23, 1936. viewed by V. S from Idaho.

867.109.033-719

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. ~~Hibbard~~ 100

File No. 65975

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD ELDON JAMES HOPE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Isaac D. Hope	FULL MAIDEN NAME	Hattie Park
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City Idaho

Filed 2/17 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 2010

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 6 19[illegible] Certificate No. 65975
County of Madison Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth of (Birth or death)
for - - - Hope (Name on original certificate) who Was born (Was born or died) on January 8th, 1919 (Date of event)
in Hibbard, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hope	Eldon James Hope

Subscribed and sworn to before me this 5th
day of November, 19 41.
[illegible]
Notary Public, residing at Rexburg
Clerk of District Court
My commission expires
[SEAL]

Signed Hattie Lucille Hope
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RFD#2, Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of November, 19 41.
[illegible]
Notary Public, residing at Rexburg
Clerk of District Court
My commission expires
[SEAL]

Signed Isaac Dewey Hope.
(Signature of any credible person other than the previous affiant.)
RFD#2, Rexburg, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

795·204·033-231

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF ~~IDAHO~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Teton

No. _____ St.

Hospital _____

Registration District No. 100

File No. 65976

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD Ruth Pincock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Pincock	FULL MAIDEN NAME	Susie Blackford
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 09 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City

Filed 2/17 1919

J. W. Young Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 20 9 54 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 65976

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pincock, Female (Name on Original Certificate) who was born (Was Born or Died) on Jan. 4, 1919 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ruth Pincock
	Another Payne	Martha Pettyjohn

Subscribed and sworn to before me this 16th day of March, 19 74

Ruth Tremelling

Notary Public, residing at Idaho Falls

My commission expires Sept. 1976

(Seal)

Signed Ruth Tremelling Jessie Tremelling
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1870 Joan Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 19 74

Ruth Tremelling

Notary Public, residing at Idaho Falls

My commission expires Sept. 1976

(Seal)

Signed .....
(Signature of Any Credible Person)

1699 Caulkins Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8/23/73 nm

APR 1 0 1974

Certificate of birth from the LDS Church gives name as Ruth Pincock born Jan. 4, 1919 at Teton, Idaho. father's name given as J. Frank Pinceck and mother's name as Susie Blackford. entered on record March 2, 1919. Viewed by VS

Own son's birth certif. on file in Idaho (413804) givemother's name as Ruth Pincock son born Oct. 14, 1945. Viewed by V. S.

799.202.073-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. 100

File No. 65977

No. ____ St.

Primary Registration District No. 2178

Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	1 / 2 / 191 9

FATHER		MOTHER	
FULL NAME	W. A. Griffiths	FULL MAIDEN NAME	Effie Norton
RESIDENCE	Menan, Idaho	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) F. B. Evans

Physician (Physician or midwife)

Address Sugar City, Idaho

Filed 2/17 19 19 J. J. Peyton Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]-9-8-15

S[redacted]
BUREAU [redacted]

CERTIFICATE OF BIRTH

County of Madison
243-127-033-132
City of Burton

100

Registration District No. ~~Burton~~ File No. 65979

No. _____ St.

Primary Registration District No. 2178 Registered No. _____

Hospital _____

FULL NAME OF CHILD Karl George Buckmiller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Jan 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H. Buckmiller	FULL MAIDEN NAME	Effie Atkin
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Sugar City

Filed 2/17 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1960

MAR 6 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-228-233-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65980

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. L. Larsen	FULL MAIDEN NAME	Mary Breathwaite
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City Idaho

Filed 2/17 1919 [signature] Registrar

S-Y-CO 38071

962-123-037-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hebbard

No. ..... St.

Hospital .....

Registration District No. 100 Hebbard File No. 65981

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Brigham Charles Robison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 23 1919

FATHER		MOTHER	
FULL NAME	Chas. B. Robison	FULL MAIDEN NAME	Jeneal Rock
RESIDENCE	Hebbard	RESIDENCE	Hebbard
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Soldier	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

(Signature) J. B. Evans

Physician (Physician or midwife)

Address Sugar City

Filed 2/17 1919 W. Young Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 58071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1947

SEP 1 1 1956

JAN 1 4 1972

962-231-033-649

Amended 2-18-63 (Be sure the information is complete and accurate)

State File No. 65982

Local Reg. No.

Reg. Dist. No. 100

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Nora b. (Middle): c. (Last): Roberts

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) Jan. (Day) 31, (Year) 1919

FATHER OF CHILD

7. FULL NAME a. (First): Prentice b. (Middle): c. (Last): Roberts

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Henrietta b. (Middle): c. (Last): Furniss

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. B. Evans

18c. ADDRESS: Sugar City, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2/17/1919

20. REGISTRAR'S SIGNATURE: J.R. Young

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...ATTACH AT THE TIME THE BIRTH OCCURRED WITHIN 10 days after the date of birth of the ...ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occur red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by muni cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certifi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 65982

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Roberts (Name on Original Certificate) who born (Was Born or Died) on Jan. 31, 1919 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nora Roberts
Full Name of Father	Prentiss Roberts	Prentice Roberts

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of
June, 1960

Signed Edwina H. Roberts
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires My Commission Expires Feb. 16, 1962 (Seal)
Notary Public of Idaho, Residing at Pocatello, Ida.

739 Myrtle St. Poc. Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 5-13-60. one copy pd. receipt #02263.

L.D.S. Church Certificate of Membership, blessed May 4, 1919 and Baptized June 4, 1927 gives full name of child as Nora Roberts (Thompson) born January 31, 1919 at Sugar City, Idaho to Prentice N. Roberts and Henrietta Furniss - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #33425 gives full name of father as Prentice Roberts - viewed by V.S.

State of California, County of Marin, Marriage License and Certificate, married April 4, 1940 in San Rafael, California gives full name of groom as Harry Thompson and full name of bride as Nora Roberts - viewed by V.S.

217-124-033-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. _____ St.

Hospital _____

Registration District No. 100

File No. 65983

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Bagley	FULL MAIDEN NAME	Ethel Jensen
RESIDENCE	Salem Idaho	RESIDENCE	Salem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City

Filed 2/17 1919 J. R. Young Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-221-033-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65984

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 180

Primary Registration District No. 2178

File No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Swen Hutteball	FULL MAIDEN NAME	Edna Stocks
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

(Signature) F. B. Evans

Physician (Physician or midwife)

Address Sugar City

Filed 2/8 1919 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1967

913-112-033-664

PLACE OF BIRTH

name added 10-8-82

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

File No. 65985

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD Keith W Dalling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas E. Dalling	FULL MAIDEN NAME	Anna Wadell
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) F B Evans

Physician (Physician or midwife)

Address Sugar City Idaho

Filed 2/17 1919 [signature] Registrar

Registrar

SW-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

OCT 7 11 49 AM '82

Certificate No. 65985
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male Dalling (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 12, 1919 (Date of Event)

in Sugar, ID (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Keith Dalling

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1982

Notary Public, Angella Wheeler
Residing at Idaho Falls, Ida
My commission expires Life Time Appointment
(Seal)

Dale E Carlson
Supporting Signature

Rt 3 - Box 227 - Idaho Falls, Id
Street Address, City, State

11/28/80 one cc as is

Cert of Baptism from LDS Church gives Keith W Dalling born 1-12-19 in Sugar to Thos. E Dalling and Annie Wardel and was baptised 2-4-27. Viewed by V.S.

OCT 19

Complete Student Accounting Record for Sugar City High School gives Keith Dalling age 14 born 1-12-19 entered September 1933. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-208-022-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65986

County of Fremont

City of Wilford

No. _____ St.

Hospital _____

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry Madden	FULL MAIDEN NAME	Edna Pattie
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Sugar City Idaho

_____ 19____

Filed _____ 19____

_____ Registrar

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-2041022-452

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. _____ File No. 65987

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD EDNA IRENE CERNY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 4 1919

FATHER		MOTHER	
FULL NAME	John Cerny	FULL MAIDEN NAME	Irene Meservey
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 21 Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 49 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City

Filed 2/18 1917 [signature] Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ILLINOIS } ss.
County of Cook

Certificate No. 65987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for EDNA IRENE CERNY (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 4- 1919 (DATE OF EVENT)
in St Anthony Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record and personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 4th 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edna Irene Cerny

Subscribed and sworn to before me this 23rd
day of February, 1943

Andrew N Wolski

Notary Public, residing at Chicago Illinois

My commission expires Nov 25-1946

(SEAL)

Signed John Cerny
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

1916 N 35th Ave Chicago, Illinois
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Cook

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of February, 1943

Andrew N Wolski

Notary Public, residing at Chicago Illinois

My commission expires Nov 25 1943

(SEAL)

Signed Irene Cerny
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1916 N 35th Ave Chicago, Illinois
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 1948

993-124-222-845

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65988

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Allen Hunsaker Richman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. M. Richman	FULL MAIDEN NAME	Amy Hunsacker
RESIDENCE	Teton, Idaho	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sugar City

Filed 2/18 1919 [signature] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

MAY 9 1967

533-103.026-63

CHILDS NAME ADDED 2-27-08 DHS

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66023

County of Jefferson

City of Lewisville

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 14

Hospital

FULL NAME OF CHILD GEORGE RONALD ELLSWORTH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy.		yes	Jan 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Preston Ellsworth	FULL MAIDEN NAME	Edna Walker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rigby Idaho

Filed Jan 10 1919 Ray H Fisher

Registrar

Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jefferson } SS

Certificate No. 19-66023
Date Filed 01-10-19

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed Ellsworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on 01-03-19 (Date of Event)
in Lewisville (Jefferson Co) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	unlisted	George
child's middle name	unlisted	Ronald

Subscribed and sworn to before me this 22nd day of Feb, 2008
Notary Public, [signature]
Residing at Jefferson County
My commission expires Feb 8 2013

KATHLEEN J. ROBERTS NOTARY PUBLIC STATE OF IDAHO

x George R. Ellsworth
Signature of Applicant
3309 E. 500 N.
Street Address, City, State and Zip
Rexburg, ID 83431

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

APPLICATION TO THE NEW YORK LIFE INSURANCE CO. DATED 9-12-44 FOR GEORGE RONALD ELLSWORTH, BORN JAN. 3, 1919 IN LEWISVILLE, ID VIEWED BY VS

IDAHO BIRTH CERTIFICATE #54-9782 FOR REBECCA ELLSWORTH, BORN 7/23/54 IN IDAHO FALLS, ID TO PHYLLIS BEAN AND GEORGE RONALD ELLSWORTH. VIEWED BY VS

863.202.026-234

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

Registration District No. 98

File No. 66024

No. ____ St.

Primary Registration District No. 2176

Registered No. 13

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Jan 2 1919

FATHER		MOTHER	
FULL NAME	John Holland	FULL MAIDEN NAME	Annie Stuker
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 15 a. M. on the date above stated.

(Signature) A M Holmes

(Physician or midwife)

Address Rigby Idaho

Filed Jan 10 19 19 Ray L Fisher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
595-108-010-155
County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 66058
Primary Registration District No. 21-4 Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		8 th	Yes	Feb. 8, 1918

FATHER		MOTHER	
FULL NAME	John Mielson	FULL MAIDEN NAME	Mary Jensen
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John O. Mellor M.D.
Idaho Falls Idaho
(Physician or midwife)

Address .....

Filed 2/16 19 .....
Registrar

355-209-010-395

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 66060

No. ..... St.

Primary Registration District No. 2147 Registered No. 21—

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Stanley Lee	FULL MAIDEN NAME	Minnie Treasure
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 2/9/19 (born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed 2/15 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1974

764214010-266

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 66061

No. ..... St.

Primary Registration District No. 2140 Registered No. 24

Hospital .....

FULL NAME OF CHILD Lois Ruby Gould

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2/14/1919

FATHER		MOTHER	
FULL NAME	Glen Gould	FULL MAIDEN NAME	Bertha Bower
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Chicago, Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 2/14/19 at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 2/15 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1944

291-207-010-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66062

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 21-0-0

Registered No. 2-3

Hospital

FULL NAME OF CHILD Esther Kramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 7 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Kramer	FULL MAIDEN NAME	Christena Her[illegible]
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	South Russian	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 7-19, at 5:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Filed 2/14 1919 [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569/1010-295

PLACE OF BIRTH
Amended 3-12-56

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 66063

Primary Registration District No. 2150 Registered No. 22

FULL NAME OF CHILD DALE FRANKLIN NORTON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 20 1919

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Frank Thomas Norton	FULL MAIDEN NAME: Luna Kinghorn
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar M.D.
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed 2/10/ 1919 Wm. Kincaid
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 66063

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dale Norton (Name on Original Certificate) who was born (Was Born or Died) on January 20, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on February 20, 1927 (Give Date), are:

Certificate of Ordination

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Dale Norton	Dale Franklin Norton
Mother's name	Lula	Luna

Subscribed and sworn to before me this 27 day of February 1956

Neil Elison

Notary Public, residing at Boise

My commission expires 3-25-1957

(Seal)

Signed Frank T. Norton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of February 1956

Neil Elison

Notary Public, residing at Boise

My commission expires 3-25-1957

(Seal)

Signed Luna Caroline Norton
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

449/31010-891

PLACE OF BIRTH

Form V. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66065

County of .....

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. .....

Primary Registration District No. 2140

Registered No. 20

FULL NAME OF CHILD Leland Linsey Murdock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Murdock	FULL MAIDEN NAME	Stella Hiatt
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Charleston Ind.	BIRTHPLACE	Ammon Ida
OCCUPATION	Conductor O.L.L.	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ammon Ida

Filed 2/4 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1966

AUG 25 1952

262-101-010-856

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 66066

Registered No. 19

FULL NAME OF CHILD .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	2/1 — 1918

FATHER		MOTHER	
FULL NAME	David Robson	FULL MAIDEN NAME	Alice C Yeo
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Dillon Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon Idaho	BIRTHPLACE	Dillon Mont.
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 2/1/1918 at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) .....

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed 2/6 19 19 .....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

495-106-010-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66067

County of Bonneville

City of Idaho Falls Registration District No. 73 File No.

No. St. Primary Registration District No. 2107 Registered No. 14

Hospital

FULL NAME OF CHILD DALE QUINTEN DREYER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	2 / 6 / 19

FATHER		MOTHER	
FULL NAME	Charles Dreyer	FULL MAIDEN NAME	Rosetta Nielsen
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2/6/19 5:40, at 5:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible]
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/16 19 19 [illegible]
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO) Certificate No. 66067
)ss
County of BONNEVILLE) Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (birth or death) for Dale Quinten Dreyer (Name on original certificate) who was born (was born or died) on February 6, 1919 (Date of event) in Idaho Falls, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Insurance Policy (Bible record, insurance plcy.etc.) prepared on July 8, 1929 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Dale Q. Dreyer

Subscribed and sworn to before me this 2nd day of March 1942.

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature] Notary Public
Residing at Pocatello, Idaho

966 Garrison Ave., Idaho Falls, Idaho (Street address, City, State)

My commission expires Dec. 5, 1944.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON (Both affidavits must be completed)

State of Idaho)
)ss
County of Bannock)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March 1942.

Signed Harold Dean Dreyer (Signature of any credible person other than the previous affiant.)

[signature] Notary Public
Residing at Pocatello, Idaho

535 Filmore, Pocatello, Idaho (Street address, City, State)

My commission expires Dec. 5, 1944.
(SEAL)

AUG 4 1972 MAY 29 1967

453-229-010-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66068

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2140 Registered No. 17

Hospital

FULL NAME OF CHILD Alice Hazel Melton

Sex of Child Female | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Grover C. Milton	FULL MAIDEN NAME	Martha Stalup
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 1/29/19 (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed 1/30 19 [signature]

Registr[redacted] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 66069

No. ..... St.

Primary Registration District No. 2170

Registered No. 16

Hospital .....

FULL NAME OF CHILD Myron Curtis Linsenmann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Linsenmann	FULL MAIDEN NAME	Mabel Curtis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Jan 21 1919 at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed 1/30 1919 [signature]

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

I.D.S. Church Record, Duplicate Membership), gives full name as Myron Curtis Linsenmann, born Jan. 21, 1919 at Idaho Falls, Idaho to Charles H. Linsenmann and Mable A. Curtis; blessed April 11, 1919; baptized and confirmed; June 26, 1927 & July 3, 1927 - viewed by V.S. Own Child's Birth Cert. on file: (Idaho Birth) # 49 01009 gives full name of father as Myron Curtis Linsenmann - viewed by V.S.

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66069

Date Filed .....

RECEIVED APR 3 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Linsenmann (Name on Original Certificate) who was born (Was Born or Died) on Jan. 21, 1919 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Myron Curtis Linsenmann

Subscribed and sworn to before me this 30 day of March, 1964

Notary Public, residing at Driggs, Idaho
My commission expires June 7-1966.
(Seal)

Signed Byron J. Curtis - Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 1964

Notary Public, residing at Driggs, Idaho
My commission expires June 7-1966.
(Seal)

Signed Vivian Poulsen
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-3-61. one copy pd. receipt #11264. -50¢

MAY 13 1964

813-120-010-119

Form V. S. No. 11-C—25m-9-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Queen

Registration District No. 73

File No. 66074

No. ..... St.

Primary Registration District No. 2140

Registered No. 11

Hospital .....

FULL NAME OF CHILD Wayne Jarvis Halling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Manner Halling	FULL MAIDEN NAME	Rose C Jarvis
RESIDENCE	Queen Ida.	RESIDENCE	Queen Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Grove City Ut.	BIRTHPLACE	Spanish Eng.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cache Hills Ida.

Filed 1/24 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

66079

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Idaho Falls Ida - Ammon

Registered No. 11

Street and House No.

Registration Dist. No. 73

County Bonneville

Sex of Child Male

Date of Birth Jan (MONTH) 20 (DAY) 1919 (YEAR)

Father Warren Halling (FULL NAME)

Mother Rose Jarvis (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Wayne Jarvis Halling (GIVEN NAME IN FULL) (SURNAME)

as reported by Mother (FATHER OR MOTHER)

[illegible] (LOCAL REGISTRAR)

NOV 1 1951

267-106-010-338

Form V. S. No. 11-C—20m-8-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66075

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2170

Registered No. 10

Hospital

FULL NAME OF CHILD Golden Logsdon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 6 19

FATHER		MOTHER	
FULL NAME	Dan Logsdon	FULL MAIDEN NAME	Ora Glynn
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M D
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

19

Registrar

Filed 1/24 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.209010-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66076

County of Bonneville

City of Idaho Falls Ida. Registration District No. 73 File No.

No. St. Primary Registration District No. 2170 Registered No. 9

Hospital

FULL NAME OF CHILD Dorothy Ray Burnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 9 1919

FATHER

FULL NAME: Fred Burnham

RESIDENCE: Idaho Falls Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Salt Lake City

OCCUPATION: Machinist

MOTHER

FULL MAIDEN NAME: Hilda Hansen

RESIDENCE: Idaho Falls Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Salt Lake City

OCCUPATION: House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dorothy Ray Burnham (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed 1/13 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-115-022-294

Form V. S. No. 11-C—Mm-6-8-17

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 66085

Registered No. .....

FULL NAME OF CHILD May Ruben Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth
Male			Jan 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Parley Miller	FULL MAIDEN NAME	Cora Brugger
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Bleeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feby 10 1919 W. Bleeck

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-217-022-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 99 File No. 66086

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Vernessa Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace S Miller	FULL MAIDEN NAME	Ida May Karlson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	~~24~~ 26 (Years)
BIRTHPLACE	Parker Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wirst

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feby 10 1919 W B Wirst

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

845-212-022-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66087

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Frances Greta Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan 12 1919

FATHER		MOTHER	
FULL NAME	David Lloyd Hunter	FULL MAIDEN NAME	Lydia Laura Murdock
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Curtis

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb 10 1919 W. D. Curtis

Registrar

285-131-022-796

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH [redacted]088

County of Fremont

City of .....

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD Ollie Shelton

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norval Shelton	FULL MAIDEN NAME	Lillian Rosanna Griffith
RESIDENCE	Fremont Co.	RESIDENCE	Fremont Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mendon, Utah	BIRTHPLACE	Victor, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Louis

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony, Idaho

Registrar

Filed Feb 10 1919 W. Hurst

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-127-022 019

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 66089

Registered No. .....

FULL NAME OF CHILD Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Jan. 27 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma Thomas Warren	FULL MAIDEN NAME	Anna Callary Warren
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Malad City Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Harshbarger

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

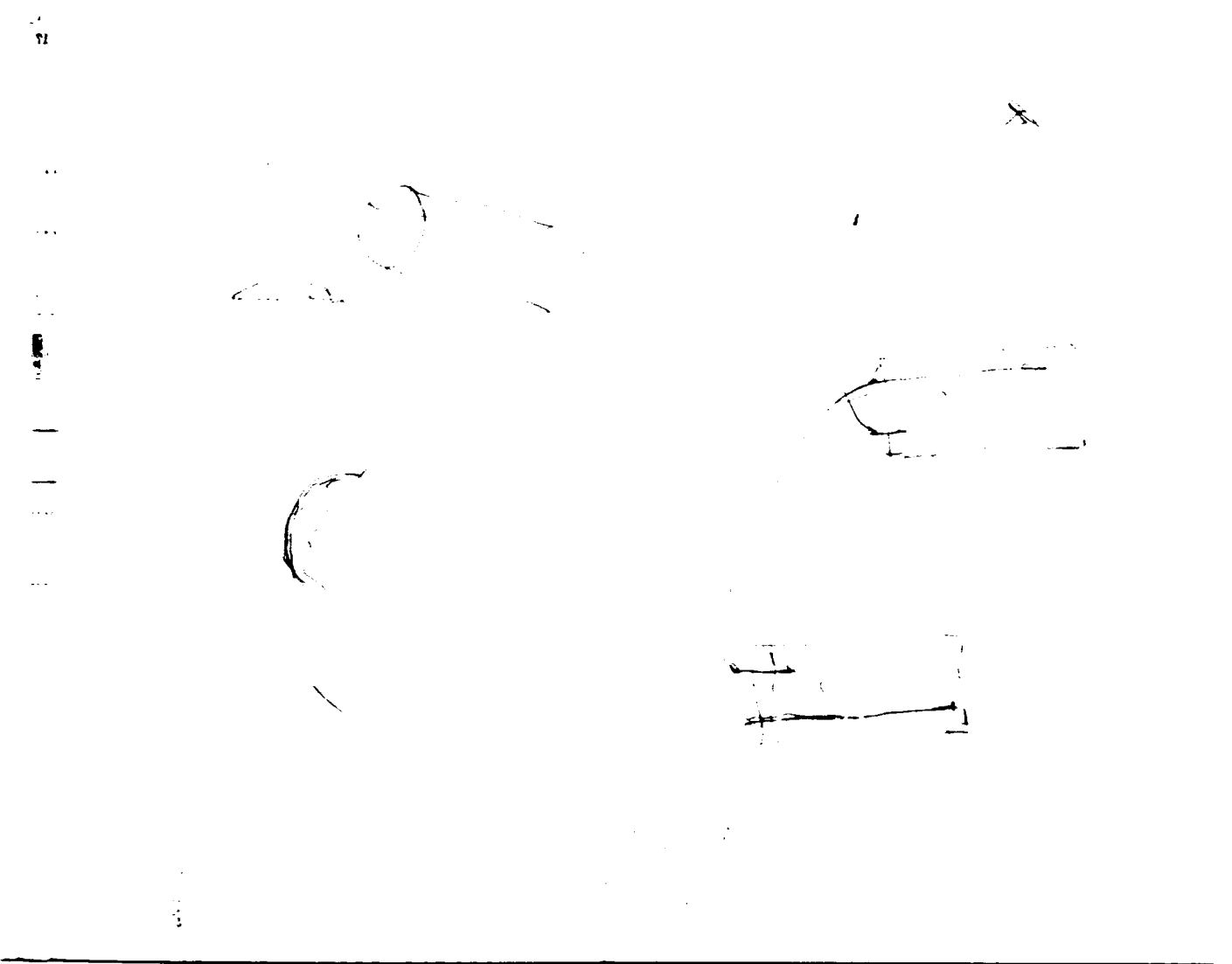
Filed Feby 10 1919 W Sewell

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



415-226-022-986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 99 File No. 66090

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Davenport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	7	yes	Jan 26 1919

FATHER		MOTHER	
FULL NAME	Orson Sperry Davenport	FULL MAIDEN NAME	Mary May Rhodehouse
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Treasureton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbergen

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony Idaho

Filed Feby 10 1919 W. A. Ferry

Registrar

Registrar

412-131 1022-986

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 66091

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD WESTON VERNON MASON ~~[illegible]~~ Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5-20 Jan 31 1919

FATHER		MOTHER	
FULL NAME	Frank Henri Mason	FULL MAIDEN NAME	Sarah Rhodehouse
RESIDENCE	Heman	RESIDENCE	Heman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Croydon Utah	BIRTHPLACE	Freasurton Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Filed Feby 10 1919 W. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 66091

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Mason (Name on Original Certificate) who born (Was Born or Died) on January 31, 1920 (Date of Event)
in Heman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on March 18, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed Mason	Weston Vernon Mason

Subscribed and sworn to before me this 18th day of March, 19 42

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943

(Seal)

Signed Sarah Mason Mother.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heman, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 19 42

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943.

(Seal)

Signed Jacob A. Parker

(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.

(Street Address, City, State)

MAR 21 1942

JAN 21 1959

815-120-029 [redacted]

PLACE OF BIRTH

[redacted]

66099

CERTIFICATE OF BIRTH

County of Helmer

City of Latah

Registration District No. 2147 File No. 4

No. ..... St.

Primary Registration District No. 67 Registered No. 29

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	L		L	Yes	Jan. 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hanson	FULL MAIDEN NAME	Lydia Cox
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

1-21 1919 Address Deary

P. C. Faust Registrar

Filed 1-21 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-104029-386

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66098

PLACE OF BIRTH

County of Fatah

City of Helmer

Registration District No. 2147 File No. 4

No. ..... St.

Primary Registration District No. 67 Registered No. 28

Hospital .....

FULL NAME OF CHILD Sanford R. Dole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	✓ ✓	Yes	Jan. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest A. Dole	FULL MAIDEN NAME	Helen Thomas
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mo
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dcary

Filed 1-8-19 A. C. Faust

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

SEP 1 1970

515-231-229-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-2-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66099

County of Latah

City of Kendrick R.2 Registration District No. 2147 File No. 4

No. ..... St. Primary Registration District No. 67 Registered No. 30

Hospital .....

FULL NAME OF CHILD Joyce Juanita Van Moulken

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	2		2	Yes	1 - 31 - 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. H. Van Moulken	FULL MAIDEN NAME	Lyda Blendon
RESIDENCE	Kendrick R.2	RESIDENCE	Kendrick R.2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Kas.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

[redacted] names added from a supplemental report.

[redacted] 2 - 1 1919 Address Deary

[redacted] P. C. Faust Registrar Filed 2 - 1 1919 P. C. Faust Registrar

MARGIN RESERVE ... NG

E PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

[redacted] In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-129100X-962

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66100

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clarence Leon Robertson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Clarence Robertson	FULL MAIDEN NAME	Minnie Pearl Robertson
RESIDENCE	St. Charles Idaho	RESIDENCE	St Charles Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salem Oregon	BIRTHPLACE	Marshall Okla.
OCCUPATION	Miller	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Idaho

Filed Feb 23 1919 John Mathon
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1

PLACE OF BIRTH

IDAHO
AL STATISTICS
E OF BIRTH

City of Plummer

Registration District No. 46

File No. 66101

No. ..... St.

Primary Registration District No. 2123

Registered No. 57

Hospital .....

FULL NAME OF CHILD Clyde, Morgan, Smith.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Ellwood, Smith	FULL MAIDEN NAME	Opal McCluskey.
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Red Mountain, Colo.	BIRTHPLACE	Thyere, Kansas.
OCCUPATION	Lumberman	OCCUPATION	Housewife.

Number of child of this mother, including present birth One (1)

Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington, D.R.
Accoucheur
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho.

Filed 2/21 1919

Registrar

Registrar

S-Y CO. 24653

SEP 28 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-121-00-315

...E OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66102

City of Idaho Meridian Registration District No. 11 File No. .....

No. R. D. St. Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD David Guy Joplin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 21 1919

FATHER		MOTHER	
FULL NAME	David Albert Joplin	FULL MAIDEN NAME	Edith Mary Crawford
RESIDENCE	Meridian, Ida.	RESIDENCE	Meridian, Ida. R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ida.

..... Registrar

Filed Feb. 22 1919 Alice A. Dutton Registrar

PLAC

AUG 18 1966

652-278-1007-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66103

County of Ada

City of Meridian Registration District No. 11 File No.

No. St. Primary Registration District No. 203 Registered No.

Hospital

FULL NAME OF CHILD Helen Maine West

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 18 1919

FATHER		MOTHER	
FULL NAME	Wm Francis West	FULL MAIDEN NAME	Frances Lisk
RESIDENCE	Meridian, Ida.	RESIDENCE	Meridian, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	California
OCCUPATION	Telegrapher	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Alice A. Dutton

(Physician or midwife)

Address Meridian, Ida.

Filed Feb 21 1919 Alice A. Dutton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-223.001-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66104

County of Ada

City of Meridian Registration District No. 11 File No.

No. R. D. St. Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Elsie Nellie Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. Rector Carter	FULL MAIDEN NAME	Nellie Tidwell
RESIDENCE	Meridian, Ada. R.D.	RESIDENCE	Meridian, Ada. R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ada.

19

Filed Feb. 1 1919 Alice A. Dutton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-215-001-463

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

66105

County of Ada

City of Meridian

Registration District No. 11

File No. [illegible]

No. R. D. St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Sarah Stadler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 15 1919

FATHER		MOTHER	
FULL NAME	Paul Stadler	FULL MAIDEN NAME	Cora Mochel
RESIDENCE	Meridian, Ada, R. D.	RESIDENCE	Meridian, Ada, R. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Meridian Ada

Filed Feb 21 1919 Alice A. Dutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1942

253-212-001-796

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 66107

No. ..... St.

Primary Registration District No. 2003

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Winifred Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 12 1919

FATHER		MOTHER	
FULL NAME	Wm. Edgar Bell	FULL MAIDEN NAME	Adeline Grosso
RESIDENCE	Meridian, R. D.	RESIDENCE	Meridian, R. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ada

..... Registrar

Filed Feb. 14 1919 Alice A. Dutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819:220:001-663

PLACE OF BIRTH

County of Ada

City of Meridian R. D. 1

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66108

Registration District No. 11 File No. .....

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Opal Theresa Harsch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 20 1919

FATHER	MOTHER
FULL NAME Samuel Wm. Harsch	FULL MAIDEN NAME Edna Pearl Wolfskiel
RESIDENCE Meridian, Ada. R. D. 1	RESIDENCE Meridian, Ada. R. D. 1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Meridian, Ada.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician

(Physician or midwife)

Address Meridian, Ada.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 22 19 19 Alice A. Dutton

Registrar

JUN 1 4 194

735·101·035235

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66112

County of Nez Perce.

City of Lewiston.

No. 1942 Main. St

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 196

FULL NAME OF CHILD Gale F Glenny.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes	1 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C.H.Glenny	FULL MAIDEN NAME	Nellie Sterns.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Fireman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston Ida

Filed Feb 8 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-204-035-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66113

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 197

FULL NAME OF CHILD JENNIE CLAIRBELLA Lakey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 4 1919

FATHER	MOTHER
FULL NAME Louis Crawford Lakey	FULL MAIDEN NAME Ella May Hardin
RESIDENCE Lewiston, Idaho	RESIDENCE Lewiston, Idaho
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wash
OCCUPATION U S Soldier	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho

Filed Feb 8 1919 Susan L Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }ss. Certificate No. 66113

County of LATAH } Date Filed Nov 21 1944.

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)

for JENNIE CLAIRBELLA (Name on Original Certificate) who BORN (Was Born or Died) on JAN 4 1919. (Date of Event)

in St Josiffs Hospital (Place of Event) Lewiston Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record. (Bible Record, Insurance Policy, Etc.) prepared on no date given (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jennie Clairbella Lakey

Subscribed and sworn to before me this 21st day of March, 1944

[illegible] Hanson

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944

My commission expires (Seal)

Signed Mrs Ella May Bengle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.

County of Idaho }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1944

Marie C. [illegible]

Notary Public, residing at White Bird

My commission expires May 8 - 1945 (Seal)

Signed Velma Nora Morelan

(Signature of Any Credible Person Other Than Previous Year)

Whitebird Idaho

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654)09.035-55

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

66114

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 198

FULL NAME OF CHILD Robert Edwin Ferris.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	1 9 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B.H.Ferris	FULL MAIDEN NAME	Louise Jenkins.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Electrician.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30A M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston Idaho

Filed Feb 8 1919 Susan E. Bruce
Registrar

JAN 10 1934

619-215-035-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston, Idaho Registration District No. 96 File No. 66116

No. ..... St. Primary Registration District No. 1009 Registered No. 270

Hospital St. Josephs

FULL NAME OF CHILD Martha Elizabeth Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 15, 1919

FATHER	MOTHER
FULL NAME: Kent Wessels Ward	FULL MAIDEN NAME: Bertha May Caster
RESIDENCE: Clarkston, Wash	RESIDENCE: Clarkston, Wash
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Lewiston, Idaho.

Filed Feb 8 1919

Susan E. Brute
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

255-115 1035-433

County of Nez Perce

City of Lewiston,

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66117

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 201

FULL NAME OF CHILD DORAN IVAN Kennedy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 15, 1919

FATHER		MOTHER	
FULL NAME	Ralph Kennedy	FULL MAIDEN NAME	Edna Mc Connell
RESIDENCE	Clarkston, Wash	RESIDENCE	Clarkston, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2.30P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

H. C. Carasow
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Feb 8 1919 Susan E Bruce
Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66117
County of Latah } Date Filed OCT 27 194

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Kennedy (Name on original certificate) who was born (Was born or died) on Jan. 15, 1919 (Date of event)
in Lewiston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kennedy	Doran Ivan Kennedy

Subscribed and sworn to before me this 23rd
day of October, 1941
J. K. Pettis
Notary Public, residing at Moscow Idaho
My commission expires 4/18/42
[SEAL]

Signed Edna Maude Kennedy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
615 Urquhart Ave., Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of October, 1941
J. K. Pettis
Notary Public, residing at Moscow Idaho
My commission expires 4/18/42
[SEAL]

Signed Edna Maude Kennedy
(Signature of any credible person other than the previous affiant.)
615 Urquhart Ave Moscow Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

693-115-035-455

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston, Idaho Registration District No. 96 File No. 66118

No. St. Primary Registration District No. 1009 Registered No. 202

Hospital St. Josephs

FULL NAME OF CHILD Aaron William Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 15, 1919

FATHER	MOTHER
FULL NAME: Aaron W. Wilson	FULL MAIDEN NAME: Grace Mengee
RESIDENCE: Clarkston, Wash	RESIDENCE: Clarkston, Wash
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: IND	BIRTHPLACE: Colorado
OCCUPATION: Architect	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~) at 5P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paulito Johnson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Registrar

Filed Feb 8 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-218-035-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66119

County of Nez Perce

City of Lewiston.

No. ..... St.

Hospital .....

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 203

FULL NAME OF CHILD Anna Fern Beckman.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	1 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G.E.Beckman.	FULL MAIDEN NAME	Catherine Stember
RESIDENCE	Lewiston	RESIDENCE	Lewiston.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington.
OCCUPATION	Pres. Inland Meat Co.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston

Filed Feb 8 1919 Anson E. Brown

Registrar

Registrar

349-121-035-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital White's

Registration District No. 96

Primary Registration District No. 1009

File No. 66120

Registered No. 204

FULL NAME OF CHILD Dorothey Curtis.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	1 21 1919

FATHER		MOTHER	
FULL NAME	C. L. Curtis.	FULL MAIDEN NAME	Carrie Harris.
RESIDENCE	Myrtle, Idaho	RESIDENCE	Myrtle, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan.
OCCUPATION	Section Hand.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston

Filed Feb 8 1918 Susan E. Bruce

Registrar

684.223.035-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—Mm-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 726-8th St. St.

Hospital

Registration District No. 96

Primary Registration District No. 1109

File No. 66121

Registered No. 205

FULL NAME OF CHILD Jeraldine Lenore Wyman.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	1 (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C.R.Wyman.	FULL MAIDEN NAME	Lenore Greer.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho.
OCCUPATION	Machinist	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Lewiston Idaho

Filed Feb 5 1919 Susan E Brown

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Lewiston — Registration District No. 96 — File No. 1226

No. ..... St. — Primary Registration District No. 1009 — Registered No. 206

Hospital .....

FULL NAME OF CHILD Elizabeth Helen Curtiss Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 24, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Curtiss	Mabel Baker
RESIDENCE	Reubens, Idaho	Reubens, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Ohio	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or ~~midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 8 1919 Susan E. Bruce

Registrar

PLACE OF BIRTH

County of ..... Ger. Dar.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

651

DEC 12 1944

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2610
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Reubens
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs
3. RESIDENCE OF FATHER (city, state) Reubens, Idah

FULL NAME OF CHILD Elizabeth Helen Curtiss
5. Date of Birth of Child (Month, day, year) 1-24-19
Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD
FULL NAME John H. Curtiss
Color or Race white 12. Age at time of THIS birth 26 yrs.
Birthplace Braceville Ohio (City or town) (State or foreign country)
Exact Occupation farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Clara Mabel Baker
17. Color or Race white 18. Age at time of THIS birth 20 yrs
19. Birthplace Reubens (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8:15 a.m. M. on the dat
and at the place stated above, and that personal particulars were furnished by Elizabeth Helen (First name) (Last name), who i
related to this child as Mother (Mother, etc.)

Attendant's **OWN** signature Paul W Johnson M.D. Midwife Address Lewiston Ida Date 2-12-19

te of ..... } ss.
nty of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appear
Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and tha
..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state tha
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde
apter 139, 1937 Session Laws.

..... Signatur
..... P. O. Addres

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on FEB ... by ..... Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar and record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-225-035-664

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

66123

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White's

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 207

FULL NAME OF CHILD Marilyn Mae Marksberry

Sex of Child: Female.

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: 1 (Month) 25 (Day) 19 (Year)

FATHER

FULL NAME: Jack Marksberry

RESIDENCE: Avery, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mabel Fountain.

RESIDENCE: Avery, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb. 8 1919 Susan E. Bruce

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 66123
)ss
County of.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

of.....for.....who.....
(birth or death) (Name on original certificate) (was born or died)

on.....in.....are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by.....prepared on.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Marilyn Mae Marksberry

Subscribed and sworn to before me this 15th day of September 1944

E. Glenn Bauman
Notary Public
Residing at Lewiston

Signed Mrs. Mabel M. Baird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 - 3 St Lewiston Ida.
(Street address, City, State)

My commission expires April 22, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho.....)
)ss
County of Nez Perce.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September 1944

E. Glenn Bauman
Notary Public
Residing at Lewiston

Signed [illegible]
(Signature of any credible person other than the previous affiant.)

617 - 3d St. Lewiston Idaho
(Street address, City, State)

My commission expires April 22, 1943
(SEAL)

AUG 25 1954
MAY 22 1953
AUG 31 1954

513-230-035-28[redacted]

Form V. S. No. 11-G—[illegible]-17

PLACE OF BIRTH [redacted]AHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66124

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 208

FULL NAME OF CHILD Francis Melba Eaton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	1 (Month) 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer E. Eaton	FULL MAIDEN NAME	Edith Mildred Sheets.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	California	BIRTHPLACE	Colorada
OCCUPATION	Gas Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston Idaho

Filed Feb 8 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-111-035-255

PLACE OF BIRTH

Form V. S. No. 1-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 66125

No. ..... St.

Primary Registration District No. 1009 Registered No. 209

Hospital Wellman

FULL NAME OF CHILD James H. Norton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Jan. 11th, 1919

FATHER		MOTHER	
FULL NAME	Alford C. Norton	FULL MAIDEN NAME	Elenor Kennedy
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho.	BIRTHPLACE	Minn.
OCCUPATION	Truck driver	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M.D.
(Physician or midwife)

Address Lewiston Ida.

Given names added from a supplemental report.

..... 19.....

Filed Feb 8 1919 Emma E. Bruce
Registrar

S-Y-CO 38071 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO

—DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 66125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Wellman Norton (Name on Original Certificate) who born (Was Born or Died) on Jan 11th 1919 (Date of Event)
in Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Doctors record (Bible Record, Insurance Policy, Etc.) prepared on Jan 11 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date Jan. 11th. 1919	Dec. 11, 1918	Jan. 11, 1919

Subscribed and sworn to before me this 11th
day of Aug, 1942

Fred W. Wooley

Notary Public, residing at Lewiston Idaho

My commission expires Dec 18th 1942
(Seal)

Signed W. J. McMahan M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415-Main St Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of Aug, 1942

Fred W. Wooley

Notary Public, residing at Lewiston

My commission expires Dec 18th 1942
(Seal)

Signed Lloyd Norton (uncle)
(Signature of Any Credible Person Other Than Previous Year)

Lewiston Idaho Route #2
(Street Address, City, State)

Amended 3-8-60

PLACE OF BIRTH

645.201.042.212

County of Twin Falls

City of Kimberly

No. ..... St.

~~Hospital~~ At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 66126

Primary Registration District No. ..... Registered No. 1

FULL NAME OF CHILD Burnice Laura Hunt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 1, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Andrew J. Hunt	FULL MAIDEN NAME: Laura T. Baker
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M.D.
(Physician or midwife)

Address Kimberly, Idaho

Filed Feb. 1, 1919 Mrs. Anna Jamison
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First Name of Child, correction of spelling only -
Cannot change middle name -

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 66126

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Laura Hunt (Name on Original Certificate) who born (Was Born or Died) on January 1, 1919 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name of Child	Bernice	Burnice ~~Baker~~

Subscribed and sworn to before me this 18th day of February, 1960.

Notary Public, residing at Long Beach, California
My commission expires MAY 27 1961
(Seal)

Signed Laura Teresa Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2011 West Canton St
Long Beach 10, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

L 2-5-60. one copy pd. receipt #19627.

State of California Marriage License, March 2, 1935 at Long Beach, California for Donald Leroy Manns and Burnice Baker Hunt - viewed by V.S.

Application to the Prudential Insurance Co. of America, August 5, 1940 gives full name as Burnice B. Manns, born Jan. 1, 1919 at Burley, Idaho to Andrew Hunt and Laura Baker - #M6 295 354 - viewed by V.S. Beneficiary is given as Donald L. Manns, Husband -

238-118-042-698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 36

File No. 66127

Primary Registration District No. .....

Registered No. 12

FULL NAME OF CHILD Jack Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single		Yes	Jan 18 1919

FATHER		MOTHER	
FULL NAME	William C Schmidt	FULL MAIDEN NAME	Clara Francis Fry
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Evans

M. D.
(Physician or midwife)

Address Kimberly

Filed Feb 1 1919 Mrs. Anna Jamison
Registrar

c.c. 5/13/41. w.h.

JUN 19 1945

415-219-042-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66128

Registration District No. 36

File No. .....

Primary Registration District No. .....

Registered No. 3

FULL NAME OF CHILD Doris Leona Davis

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	S		yes	Jan 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glennie L. Davis	FULL MAIDEN NAME	Zella Fern Collins
RESIDENCE	Kimberly Idaho.	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Harris

M. H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly Idaho

Filed Feb 1 1919 Mrs. Anna Jamison

Registrar

DEC 2 1968

613/21.042.295

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66129

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. 7 St.

Hospital Home

Registration District No. 36 File No.

Primary Registration District No. Registered No. 4

FULL NAME OF CHILD Raymond Russell Wates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 21 19

FATHER		MOTHER	
FULL NAME	Lonis Russel Wates	FULL MAIDEN NAME	Pearl King
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Storms M.D. (Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb 1 1919 Mrs. Anna Jamison Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-22-1042-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66130

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. 6 St.

Hospital

Registration District No. 36 File No.

Primary Registration District No. Registered No. 5

FULL NAME OF CHILD Ina Mae Coval

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 24 19

FATHER

FULL NAME: Harry Frances Coval

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ind

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Grace Adell Grove

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Lake City Mo.

OCCUPATION: House wife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 12.30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Harris

M. D. (Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

.....19.....

Filed Feb. 1 19 19 Mrs. Anna Jamison

Registrar

APR 17 194

484208-042-048

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 36

Primary Registration District No. .....

File No. 66131

Registered No. 6

FULL NAME OF CHILD ..... Eunice Rosalee Doughty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Single			Yes	Jan 8 1919

FATHER		MOTHER	
FULL NAME	Wm John Haughty	FULL MAIDEN NAME	Mary Jane Butler
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) No Doctor

Mrs. Uhlrich (Physician or midwife)

Address Kimberly Idaho

Filed Feb 1 1919

Mrs. Anna Jamison Registrar

JAN 2 8 1972

443.127.042-796

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 66132

Primary Registration District No. .....

Registered No. 7

FULL NAME OF CHILD Franklin Dale Muldoon

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Muldoon	Christina D. Coates
RESIDENCE	Kimberly Idaho	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Chicago Ill.	Iowa
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Howe

M. D.
(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 1 1919 Mrs. Anna Jamison
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/11/41. w.h.

JUN 16 1944

713.108.042-713

PLACE OF BIRTH

County of Twin Falls

City of near Hansen

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 36

File No. 66133

Primary Registration District No. ____

Registered No. 8

FULL NAME OF CHILD Patty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		4	yes	Jan 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe E Patty	Letha Patty
RESIDENCE	near Hansen	near Hansen
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Berryville Arkansas	Berryville Arkansas
OCCUPATION	farm laborer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address Hansen Idaho

Given names added from a supplemental report, ____ 19____

Filed Feb 5 1919 Mrs. Anna Jamison

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1959

JUN 5 1973

842-126-040-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66135

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 4

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jay Ursley Huber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	2	Yes	1 26 1919

FATHER		MOTHER	
FULL NAME	Henry Huber	FULL MAIDEN NAME	Hazel Losie
RESIDENCE	Kellogg Idaho.	RESIDENCE	Kellogg Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich.	BIRTHPLACE	Canada.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Five 18 (Born alive or stillborn), at P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

..... Registrar

Filed 2/7 1919 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-107-040-493

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

66136

Registration District No. 1K3 File No. 3

Primary Registration District No. VV01 Registered No. .....

FULL NAME OF CHILD Carl Lassfolk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	2	yes	1 7 1919

FATHER		MOTHER	
FULL NAME	John Lassfolk	FULL MAIDEN NAME	Anna Michels
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Finland.	BIRTHPLACE	Finland.
OCCUPATION	Miner.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

..... Registrar

Filed 2/7 1919 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 5 3 07 PM '80

State of _____ } ss.
County of _____

Certificate No. 66136
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Carl Lessfolk (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 7, 1919 (Date of Event)

in Kellogg, Idaho (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's last name	Lessfolk	Lassfolk
father's last name	Lessfolk	Lassfolk

Subscribed and sworn to before me this 22nd day of January, 19 80.

Notary Public Betty M. Wastell

Residing at Spokane, Wash

My commission expires Aug 2, 1981

(Seal)

X Carl Lassfolk
Signature of Applicant

X W. 2319 3rd. Ave. Spokane Wash.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1/3/80 lbc pd.

Applicaton for National Service Life Insurance gives name as Carl Lassfolkborn at Kellogg, Idaho on Jan 7, 1919. father's name as Carl John Lassfok [illegible] dated Feb 26, 1943. viewed by V. S.

APR 3 1980

Insurance policy from New York Life Ins. Co. gives name a s Carl Lassfolk. Policy No. 11 399 384. March 20, 1931. viewed by V. S.

APR 4 1980

693.125 040-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66137

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 2

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD James Edmond Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	3	Yes	1 25 1919

FATHER		MOTHER	
FULL NAME	William Wilson	FULL MAIDEN NAME	Elizabeth Shaw
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England.	BIRTHPLACE	England.
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 2/7 1919 Geo. S. Lesher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN

319125.040-623

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66138

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 1

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Carl J. Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	5	Yes	1 25 1919

FATHER		MOTHER	
FULL NAME	Oscar Carlson	FULL MAIDEN NAME	Ester Oster
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg

Filed 2/7 1919 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1944

719-22

PLACE OF BIRTH

County of [illegible]

CERTIFICATE OF BIRTH

City of

Registration District No. 16

File No. 66165

No. St.

Primary Registration District No. 2016

Registered No. 3

Hospital

FULL NAME OF CHILD Ruth Garner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	3	Yes	Jan (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Garner	FULL MAIDEN NAME	Marth Roepke
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

Address

Filed Jany 30 1919

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. T. CO. 2017

[redacted]

MAY 1 3 1971

-546-111-032-918

[redacted]

V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of Sherman

No. ..... St.

Hospital Dill Franklin Ballard

FULL NAME OF CHILD ~~[illegible]~~ Edwards

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 66166

Primary Registration District No. 2016 Registered No. 7

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	1	Yes	Jan (Month) 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Wm Edwards	FULL MAIDEN NAME	Ora May
RESIDENCE	Sherman	RESIDENCE	Sherman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Omd (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed Jany 25 1919 J L Fuller Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 26 1945

JAN 17 1961

5902191 01K283

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nilder

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2007

File No. 66167

Registered No. 5

FULL NAME OF CHILD Ina Karen Frosig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Jan 7 1919

FATHER		MOTHER	
FULL NAME	Michael Frosig	FULL MAIDEN NAME	Nina Byles
RESIDENCE	Nilder, Idaho	RESIDENCE	Nilder, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Varde, Denmark	BIRTHPLACE	Unionville, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

(Signature) .....

J. A. Young M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed June 6 1919 Lulu Waldrop

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 66167

State of Idaho } ss.
County of Owyhee

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ina Karen Frisig (Birth or Death) for (Name on Original Certificate) who Born (Was Born or Died) on Jan 19th. 1919 (Date of Event) in at Wilder Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Jan. 19.	Jan. 19 1919
name	none given	Ina Karen Frosig

Subscribed and sworn to before me this 7th. day of February, 1944.

Notary Public, residing at Caldwell Idaho.

My commission expires June 15th. 1944.
(Seal)

Signed Mike Frosig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hazendale, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 2 9 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-204-01K-312

PLACE OF BIRTH

Form V. S. No. 11-C—2m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66168

County of Canyon

City of _____ Registration District No. 9 File No. _____

No. _____ St. Primary Registration District No. 2007 Registered No. 4

Hospital _____

FULL NAME OF CHILD Virginia Catherine Hathaway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan. 4th 1919

FATHER		MOTHER	
FULL NAME	Maurice R. Hathaway	FULL MAIDEN NAME	Piccola Castle
RESIDENCE	Canyon Co.	RESIDENCE	Canyon, Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minisota	BIRTHPLACE	Klickitat Co. Wash.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Newell

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Feb

Filed Jan 6 1919 Lulu Waldrop Registrar

S-Y-CO 38071

Amended 6-6-73

386-204-014-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66169

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 9

FULL NAME OF CHILD JUANITA Ruth Thomason

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	yes	Jan 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wolford Thomason	FULL MAIDEN NAME	Oma Basby
RESIDENCE	Parma RD.	RESIDENCE	Parma RD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Miss
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feb. 8 1919 Lulu Waldo

Registrar

Registrar

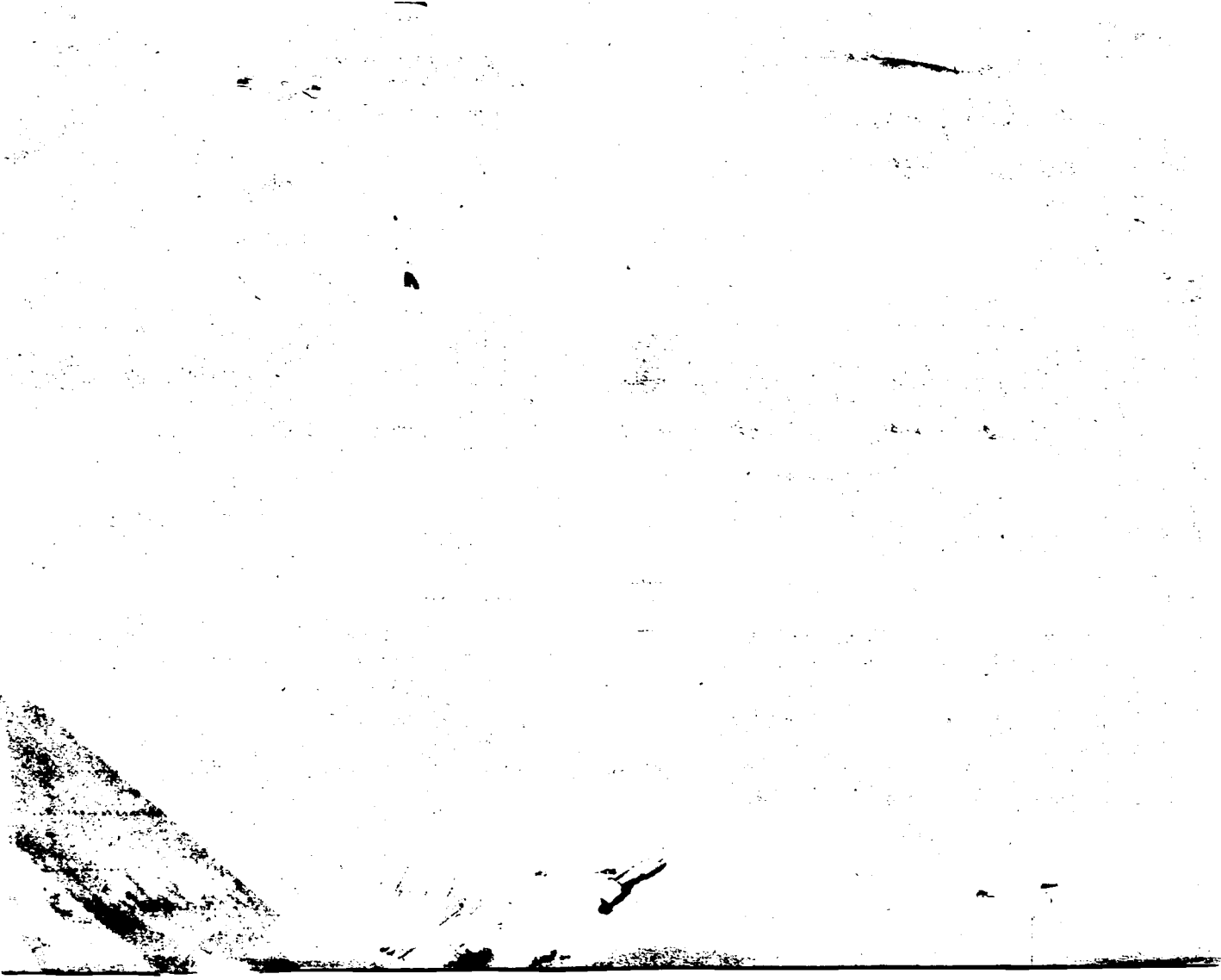
8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 24 11 35 AM '73

State of California
County of Lassen } ss.

Certificate No. 66169

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death) for Wanneta Ruth Thomason (Name on Original Certificate) who was born (Was Born or Died) on Jan. 4, 1919 (Date of Event) in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Wanneta	Juanita
father's name	Wilford Thomason	Wolford Thomasson

Subscribed and sworn to before me this 30th day of

OFFICIAL SEAL
GERALDINE A. SMITH
NOTARY PUBLIC-CALIFORNIA
LASSEN COUNTY
My Commission Expires Oct. 15, 1976

Notary Public, residing at 335 MAIN ST. SUSANVille
My commission expires 10-15-76

Signed Juanita Thomeson Fiske
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

STAR Route Standish Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif
County of Lassen } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of 19 73.

OFFICIAL SEAL
GERALDINE A. SMITH
NOTARY PUBLIC-CALIFORNIA
LASSEN COUNTY
My Commission Expires Oct. 15, 1976

Notary Public, residing at 335 MAIN St. SUSANVille
My commission expires 10-15-76

Signed Marianne Ruth Fulton
(Signature of Any Credible Person)

1601 Parkridge Rd - Sacramento
(Street Address, City, State)

FORM DH 60-155 CL 4-20-73

1 bc pd. rec. #11832

Thomason

Family Record gives name of child as Juanita Ruth Finks daughter of Naoma Florence [redacted] and Wolford Thomason. Child born January 4, 1919 at Parma, Idaho. Viewed by V.S.

JUN 11 1973

School Record gives name as Juanita Ruth Fin Thomason born Jan. 4, 1919 at Parma, Idaho. Parents Wolford and Oma Thomason. School recorded dated 1930. Viewed by V.S

819-108-

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

014-319

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D. Registration District No. 3 File No. 66170

No. ..... St.

Primary Registration District No. 2007 Registered No. 8

Hospital ..... Woodrow James Harrold

FULL NAME OF CHILD James Woodrow Harrold.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	Jan 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willis Harrold	Elizabeth Carlyle
RESIDENCE	Parma.	Parma
COLOR / AGE AT LAST BIRTHDAY (Years)	White. 38	White 33
BIRTHPLACE	Kan.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 6 1919 Lulu Waldrop Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

1K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 66170

Date Filed June

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Woodrow James Harrold (Name on Original Certificate) who Born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James Woodrow Harold	Woodrow James Harrold

Subscribed and sworn to before me this 28th
day of June, 1944
Notary Public, residing at Parma Idaho
My commission expires May 1. 1944
(Seal)

Signed Mrs. Elizabeth Harrold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

069-212-01X-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66171

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2007

Registered No. 7

FULL NAME OF CHILD Mary Lucetta Horn

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	X	6	Yes	Jan 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis C Horn	FULL MAIDEN NAME	Mary Cooksey
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address, ..

Filed Feb. 6 1919 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1949

415·112·014-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66172

County of Canyon

City of Parma

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 6

Hospital

FULL NAME OF CHILD Clarence Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	Jan 12 1919

FATHER	MOTHER
FULL NAME Leger Davidson	FULL MAIDEN NAME Agge Bakker
RESIDENCE Parma R.D.	RESIDENCE Parma R.D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Holland.	BIRTHPLACE Holland.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mutchler
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Feb

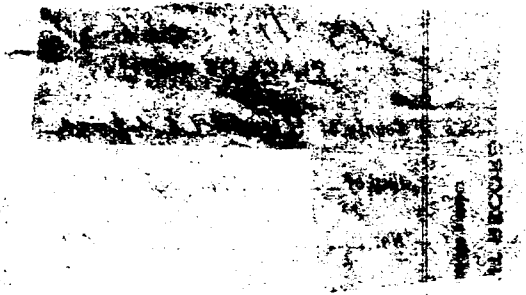
Filed Jan 6 19 19 Lulu Waldrop
Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



719.104016-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9

File No. 66174

Primary Registration District No. 2007

Registered No. 10

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Jan. 4 19 9

FATHER	MOTHER
FULL NAME: Merritt Steven Garmon	FULL MAIDEN NAME: Stella Barnes
RESIDENCE: Parma, Idaho	RESIDENCE: Parma, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Oklahoma
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

(Signature) .....

C. M. Kelly M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 6 1919 Ruby Waldron

291-203-014-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66175

County of Canyon

City of

No. St.

Hospital

Registration District No. 9

Primary Registration District No. 2007

File No.

Registered No. 3

FULL NAME OF CHILD Ida Mildred Bray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 3rd 1919

FATHER		MOTHER	
FULL NAME	Burkett H. Bray	FULL MAIDEN NAME	Johnnie M. Day
RESIDENCE	Canyon Co.	RESIDENCE	Canyon, Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hawkins Co. Tenn.	BIRTHPLACE	Handcock Co, Tenn.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

(Signature) J. L. Newell
Physician
(Physician or midwife)

Address Caldwell

Filed Jan 6 19 19 Lulu Waldrop
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 16 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-123-014-517

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 66178

No. ..... St.

Primary Registration District No. 1007

Registered No. 12

Hospital .....

FULL NAME OF CHILD Winfred Howard Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes.	Jan. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wheeler Herman Martin	FULL MAIDEN NAME	Lovella Lee Eagle
RESIDENCE	Parma Idaho	RESIDENCE	Parma Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Buchanan Mich.	BIRTHPLACE	Stella Missouri
OCCUPATION	Drag Line Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed Feb 6 1919 Luther Waldrop

Registrar

Registrar

362-225-228-691

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai amended 3/23/81

City of Coeur d'Alene

Registration District No. 27

File No. 6617

No. 12 Mill St.

Primary Registration District No. 1050

Registered No. 11

Hospital

FULL NAME OF CHILD Virginia Mercia Lobdell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Other	1	Yes	Jan 25 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dwight Lobdell	FULL MAIDEN NAME	Jessie Frank
RESIDENCE	Coeur d'Alene - Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	4[illegible] (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

L.W.

(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

19

Filed Feb 6 1911 Lois Nelson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON }
County of KITSAP } ss.

Certificate No. 66179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lobbdell (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 25, 1919 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Virginia Mercia Lobdell
Father's Last Name	Lobbdell	Dwight Lobdell
Mother's Color or Race	Not Given	X White

Subscribed and sworn to before me this 9 day of October, 19 61

Notary Public, residing at Wilson

My commission expires Jan 7, 1962

(Seal)

Signed Dwight R. Lobdell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8-14-61. nm

Public School Diploma from Shoshone County gives nameas Virginia Mercia Lobdell dated May 19, 1933. viewed by V. S.

Census record from Jan 1920 gives nameas V. Mercia Lobdell from the fafmily of Dwight B. and Jessie Lobdell. viewed by V. S.

556-217-028-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 66180

No. _____ St.

Primary Registration District No. 1050

Registered No. 10

Hospital _____

FULL NAME OF CHILD Dorothy B. Newell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Other (To be answered only in event of plural births)	2nd	Yes.	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin Newell	FULL MAIDEN NAME	Gretta Clevenger
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	~~Iowa~~ Neb.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dwood

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Coeur D'Alene Ida

Filed Feb. 6 1919 Gus Nelson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1943

291-183-028-991

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene — Registration District No. 29 — File No. 66182

No. ____ St. — Primary Registration District No. 1050 — Registered No. 8

Hospital C.d'A.

FULL NAME OF CHILD George Webster Braman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	4	Yes	Jan 23 1919

FATHER		MOTHER	
FULL NAME	Ralph Eugene Braman	FULL MAIDEN NAME	Agnes Evans
RESIDENCE	1011 B. St Coeur d' Alene	RESIDENCE	1011 B. St Coeur d' Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Albion Nebraska	BIRTHPLACE	Murray Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Dr. J. T. Wood.
Eva A Zielke R.N.
(Physician or midwife)

Address Coeur D'Alene Ida

Filed Feb. 6 19 19 Gus Nelson
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

296-121-028-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital C. D'A. Hosp.

Registration District No. 29

File No. 66183

Primary Registration District No. 1050

Registered No. 7

FULL NAME OF CHILD Baby Clinton Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	Jan 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul DeWitt Brown	FULL MAIDEN NAME	Minnie Viola Culver
RESIDENCE	1123 6th St Coeur d'Alene	RESIDENCE	1123 6th St. Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Buffalo Gap S. Dakota	BIRTHPLACE	Pennsborough W. Virginia
OCCUPATION	Horticulturist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Wood.

Eva Zeilke R.N. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Coeur D'Alene Ida

Filed Feb. 6 1919 Gus Nelson Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

59K-203-028-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 29 File No. 66184

No. 114 Wallace St. Primary Registration District No. 1050 Registered No. 6

Hospital

FULL NAME OF CHILD Lillian Ruth Eide

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Other (To be answered only in event of plural births)	5	Yes	Feb 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Eide	FULL MAIDEN NAME	Gmeta Stone
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Lumber Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Ewood (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Feb 6 1919 Gus Nelson Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1943

763-223.028-634

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 29 File No. 66185

No. ..... St.

Primary Registration District No. 1050 Registered No. 5

Hospital .....

FULL NAME OF CHILD Ernestine W Polwarth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes.	Jan (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Hartley Polwarth	FULL MAIDEN NAME	Winnie Olmsted
RESIDENCE	Coburg Mont.	RESIDENCE	Coburg Mont.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur D'Alene Ida

Filed Feb 4 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1943

319-205-028-632

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 1050

File No. 66186

Registered No. 4

FULL NAME OF CHILD Evelyn Ruth Caryle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Jan 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Everett Caryl	FULL MAIDEN NAME	Myrtle Ruth Olson
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Coeur D'Alene Idaho

Filed Feb 4 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-203-028-614

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66187

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 3

FULL NAME OF CHILD Maxine Virginia Topping

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Jan (Month) 3 (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Leon Topping	FULL MAIDEN NAME	Melissa Bernice Warneka
RESIDENCE	Coeur d Alene Idaho	RESIDENCE	Coeur d Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Feb 4 1918 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1957

413-109-014-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66190

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 6

FULL NAME OF CHILD Donald Clarke Mac Leod

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Mac Leod	FULL MAIDEN NAME	Annie M. Clarke
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	St. Steven, New Brunswick	BIRTHPLACE	New Castle, New Brunswick
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 1-10- 1919 John S. Meyer

231-106 014-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66191

Primary Registration District No. 1005 Registered No. 5

FULL NAME OF CHILD LUELMER BLACK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 6 1919

FATHER		MOTHER	
FULL NAME	Bunyan Black	FULL MAIDEN NAME	Fannie A Fink
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Richville, Missouri	BIRTHPLACE	Whitefield, Indian Terr
OCCUPATION	Horse trader	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) James A. Young, MD
(Physician or midwife)

Address Caldwell Idaho

Filed 1-10- 1919 Jos. S. Dwyer

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 66191

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan. 6, 1919 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1, 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Luelmer Black

Subscribed and sworn to before me this 24th day of August, 1942

Notary Public, residing at Caldwell

My commission expires 3-15-1945
(Seal)

Signed Fannie A Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

202 Dearborn, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 25 1942

AUG 26 1942

OCT 20 1944

444-20410/4-366

PLACE OF BIRTH

AMENDED - SEPTEMBER 15, 1949

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66192

Primary Registration District No. 1005 Registered No. 4

FULL NAME OF CHILD Margaret Helen Mumford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 4 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Herbert Mumford	FULL MAIDEN NAME	Ida Cook
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Elsworth, Wisconsin	BIRTHPLACE	Albion, Idaho
OCCUPATION	Sheriff	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M. D.

(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 1/10/19 John Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 66192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Margaret Helen Mumford (Name on Original Certificate) who was born (Was Born or Died) on Jan. 4 - 1919 (Date of Event) in Caldwell - Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 5 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Male	Female

Subscribed and sworn to before me this 8th day of Sept 1949

Notary Public, residing at

My commission expires

(Seal)

Signed Mrs H. B. Mumford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

813 S. 6th St Caldwell, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

K

339-101-014-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 66193

Primary Registration District No. 1005

Registered No. 1

FULL NAME OF CHILD John Fox Clifford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Howard Clifford	FULL MAIDEN NAME	Millie Emma Fox
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

R. M. Raley M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 1-10- 1919 John S. Meyer

12-13-41

Certified Copy issued Feb. 7, 1941. E.H.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Caldwell

Street and House No.

County Canyon

Registered No. 66193

Registration Dist. No.

Sex of Child Male

Date of Birth Jan. (MONTH) 1 (DAY) 1919 (YEAR)

Father A. D. Clifford (FULL NAME)

Mother Millie Emma Fox (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

John Fox Clifford (GIVEN NAME IN FULL) (SURNAME)

as reported by Father (FATHER OR MOTHER)

(LOCAL REGISTRAR)

FEB 13 '9

S-2.10-01K-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

66194

County of Canyon

City of Caldwell Id

No. 303 Blaine St.

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 8

Hospital

FULL NAME OF CHILD Annette Elizabeth Runyon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S	2	yes	1—10—1919

FATHER		MOTHER	
FULL NAME	Chas W. Runyon	FULL MAIDEN NAME	Edna V. Corin
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Baker Oregon
OCCUPATION	Sign painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl M D

(Physician or midwife)

Caldwell Id

Address

Given names added from a supplemental report.

19

Registrar

Filed 1-13- 1919

John G. Meyer

Registrar

MARGIN RESERVED FOR [illegible] THIS IS A PE[illegible]NT
WRITE PLAINLY WITH UNFADING INK
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66194
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Annette Elizabeth Runyan (Name on original certificate) who Was Born (Was born or died) on Jan. 10. 1919 (Date of event) in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Jan. 10. 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Birth Date	Jan-11-1919	Jan-10-1919

Subscribed and sworn to before me this 30 day of Feb, 1942

[signature]
Notary Public, residing at Dallas
My commission expires 10/9/44
[SEAL]

Signed Wm W. Runyan, brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
719 Lyle St. Dallas, Ore.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9" day of Feb 1942

[signature]
Notary Public, residing at Boise, Ida
My commission expires 6-1-42
[SEAL]

Signed Pearl Cavin
(Signature of any credible person other than the previous affiant)
313 N 5th St. Boise, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JAN 26 19[illegible]

AUG 12 19[illegible]

962-119.014-619

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Co 9th & Denver St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

66195

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 14

FULL NAME OF CHILD Franklin Ellsworth Ross

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	S.		Yes	1-19 1919

FATHER		MOTHER	
FULL NAME	Franklin J. Ross	FULL MAIDEN NAME	Alma Ward
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Silver City Id	BIRTHPLACE	Platte City Mo
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Idaho

Registrar

Filed 1-21 1919 John S. Meyer

Registrar

MC 2 24-31

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1955

FEB 20 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213218 014-519

PLACE OF BIRTH

Form V. S. No. 11-C—2m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66196

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1006

File No. .....

Registered No. 13

FULL NAME OF CHILD Martha Alaine Ballantyne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Ballantyne	Edna Vail
RESIDENCE	Caldwell Idaho	Caldwell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) .....

C. M. Kaley, M.D.
(Physician or midwife)

Address Caldwell Idaho

Filed 1-19- 1919 John S. Meyer

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
OCT 4 1967
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 66196

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ballantyne (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 18, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Alaine Ballantyne

Subscribed and sworn to before me this 23rd day of June, 1967

Dana A. Deatmack

Notary Public, residing at Nampa, Idaho.

My commission expires 2/26/69

(Seal)

Signed Edna Ballantyne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

430½ Blaine St Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 1967

Dana Deatmack

Notary Public, residing at Nampa, Idaho

My commission expires 2/26/69

(Seal)

Signed Martha Alaine Ballantyne
(Signature of Any Credible Person)

Martha B. Esson
R #3 Box 77 Nampa, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-15-67. nm

Child's Birth Cert. on file: (Idaho Birth) #439522 gives full maiden name of mother as Martha Alaine Ballantyne - viewed by V.S.

JAN 9 1968

Child's Birth Cert. on file: (Idaho Birth) #50-10394 gives full maiden name of mother as Martha Alaine Ballantyne - viewed by V.S.

Grade Transcript, The College of Idaho, matriculated Sept. 17, 1937, gives full name of student as Martha Ballantyne, born Jan. 18, 1919 at Caldwell, Idaho - viewed by V.S.

Grade Transcript, Boise Junior College, Boise, Idaho, entered Sept. 14, 1956 gives full name as Martha Ballantyne Esson (Mrs. Norman A. Esson), born Jan. 18, 1919 at Caldwell, Idaho - viewed by V.S.

239-202-01K-844

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 6. St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 66197

Registered No. 2

FULL NAME OF CHILD Dexter Helen Slinker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 2 1919

FATHER		MOTHER	
FULL NAME	Ernest Ray Slinker	FULL MAIDEN NAME	Etta Pearl Hume
RESIDENCE	Caldwell, Idaho, Route 6	RESIDENCE	Caldwell, Idaho Route 6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Aspin, Colorado	BIRTHPLACE	Clark County, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:20 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) James A. Young M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 1-10-19 John L. Meyer

456-203.0[illegible]-165 name added 7-8-82

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 66198

Primary Registration District No. 2005 Registered No. 3

FULL NAME OF CHILD Alma Ella Mefford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew H. Mefford	FULL MAIDEN NAME	Ella Elizabeth Jones
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 1-10-1919 John H. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 6 9 43 AM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66198

Date Filed Jan. 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alma Ella Mefford (Name on Original Certificate) who born (Was Born or Died) on Jan. 3, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by X (Bible Record, Insurance Policy, Etc.) prepared on 9/15/38 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unamed	Alma Ella Mefford

Subscribed and sworn to before me this 28th day of
June, 1982
Bertha L. West
Notary Public, residing at Ruston, La.
My commission expires Upon Death
(Seal)

X Signed Alma Ella Mefford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1417 Kenwood Dr. Ruston, La.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Louisiana
Parish County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
June, 1982
Bertha L. West
Notary Public, residing at Ruston, La.
My commission expires Upon Death
(Seal)

Signed Philip N. Daniels
(Signature of Any Credible Person)
1417 Kenwood Dr. Ruston, La.
(Street Address, City, State)

FORM DH 60-155 C.L. 2 c c pd - Lec. 14864 6-20, 69

Greenleaf Academy Graduation Certificate gives Alma Ella Mefford completed course of study on 5-26-38. Viewed by V.S. JUL 8 1982

Certificate of Marriage gives Phil Nathaniel Daniels of Marsing and Alma Ella Mefford of Caldwell were married in Marsing Nazarine Church in Idaho on 7-5-42. Viewed by V.S.

219-109-214-691

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

66199

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 7

FULL NAME OF CHILD Dale Franklin Barker

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth 1 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Benj. H Barker	FULL MAIDEN NAME	Elsie E. Franks
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	~~Ok~~ Iowa	BIRTHPLACE	Ohio
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-15 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Stoggle

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed 1-15-1919 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

FEB 13 1969

355 [illegible]

PLACE [illegible]

[redacted]

Form V. S. No. 11-C—25m-9-8-17

County of [illegible]

City of Caldwell Id

Registration District No. 3

File No. 66200

No. R.F.D. (Dixey) St. #2

Primary Registration District No. 2005

Registered No. 9

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	1	No	1—11—1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elbert Leemaster	FULL MAIDEN NAME	Alma Daniels
RESIDENCE	Cherokee Co Okla.	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	dont Know	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	dont Know	BIRTHPLACE	Tres Bruce Co Idaho
OCCUPATION	dont Know	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.

(Physician or midwife)

Address Caldwell Id

Given names added from a supplemental report.

19

Registrar

Filed 1—13—1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF

789216-014-38

PLACE OF BIRTH

[redacted] Form V. S. No. 11-0—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 716 Filmore St.

Hospital no

Registration District No. 3

File No. 66201

Primary Registration District No. 2005

Registered No. 10

FULL NAME OF CHILD Margaret June Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fema.		Yes.	Jan. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	June E. Phillips	FULL MAIDEN NAME	Mary Jane Chambers
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White AGE AT LAST BIRTHDAY 20 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 1-17-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1952

19416.0 [illegible]

Form V. S. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell RFD

Registration District No. 3

File No. 66202

No. ..... St.

Primary Registration District No. 2005

Registered No. 11

Hospital .....

FULL NAME OF CHILD Alvin Le Roy Hazen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	8.		*	yes	Jan. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W Hazen	FULL MAIDEN NAME	Georgia E. Doty
RESIDENCE	Caldwell Id RFD	RESIDENCE	Caldwell Id. RFD
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Clark Co Ill	BIRTHPLACE	Cloud Co Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 1-21-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515/16 OA 142

PLACE OF BIRTH

County of Canyon

STATE OF IDA... BUREAU OF VITAL ST... CERTIFICATE OF...

City of Caldwell

Registration District No. 3

File No. 66203

No. ..... St.

Primary Registration District No. 2005

Registered No. 12

Hospital .....

FULL NAME OF CHILD Calvin Robert Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	other and	1st	yes	Jan. 16 1919

FATHER		MOTHER	
FULL NAME	Robert C. Vance	FULL MAIDEN NAME	Iona M. Justice
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on the date above stated. (Born alive or stillborn) on above date at 6:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Caldwell Ida.

Filed 1-22- 1919 John V. Meyer Registrar

915-P

[redacted]

County of Canyon

City of Caldwell

Registration District No. 3

File No. 66204

No. ..... St.

Primary Registration District No. 3005

Registered No. 18

Hospital .....

FULL NAME OF CHILD Willard Sumner Randolph

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Randolph	Elizabeth Jordan
RESIDENCE	Caldwell, Idaho	Caldwell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	33
BIRTHPLACE	Hartville, Missouri	Hartville, Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... 19.....

(Signature) .....

James A. Young MD
(Physician or midwife)

Address Caldwell, Idaho

Filed 1-28- 1919 John L. Meyer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

E OF BIRTH

1957

719-226-014455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-6-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66205

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 17

FULL NAME OF CHILD Dorothy Elenore Gardner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Jan. 26 1919

FATHER		MOTHER	
FULL NAME	Clarence E. Gardner	FULL MAIDEN NAME	Grace M. Deel
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sedonia, Kansas	BIRTHPLACE	Peabody, Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) .....

James A. Young, M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 1-22- 1919 Jos. S. Meyer

SEP 27 1974

PLACE OF BIRTH
962-226-014-115

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66206

Primary Registration District No. 2005 Registered No. 16

FULL NAME OF CHILD MARJORIE MARIE ROBERTS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 26 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Owen L. Roberts	FULL MAIDEN NAME	Bertha Jansonius
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M. D.

(Physician or midwife)

Address Caldwell, Idaho

Filed 1/28 1919 John Meyer
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 66206
Date Filed 1-28-1918

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marjorie Marie Roberts (Name on Original Certificate) who born (Was Born or Died) on Jan. 26, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Filing date	1918	1919

We, the undersigned, being first duly sworn, say that ~~they~~ we know the facts of birth of the above named child and that she was born in the year 1919 and that the filing date on the certificate is incorrect.

Subscribed and sworn to before me this ..... day of August 29th, 1951

Willie H. Coffin
Notary Public, residing at Boise Idaho
My commission expires Jan 25th 1955
(Seal)

Signed [signature] M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1951

Notary Public, residing at Boise Idaho.
My commission expires Jan 25th 1955
(Seal)

Signed Winston Roberts
(Signature of Any Credible Person)

Box 2772 Boise, Idaho
(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Child's name added 10-17-89 MCM

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BI[redacted]

213-225-014-339

County of Cayyon

City of Caldwell

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66207

Primary Registration District No. 2005 Registered No. 15

FULL NAME OF CHILD ~~[illegible]~~ GRACE M. SALLADAY

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f.m.		yes	1 25 1919

FATHER		MOTHER	
FULL NAME	alozo Salladay	FULL MAIDEN NAME	ana Olive
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Plasterer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hoggle

Phys (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Ida

Filed 1-28-1919 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

7-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
(Bureau of Vital Statistics)

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

SEP 0 5 1989 NM

VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 66207
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Salladay (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 25, 1919 (Date of Event)

in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Grace M. Salladay

Subscribed and sworn to before me this 31st day of August, 19 89 Cindy A. Schwitzer

Notary Public, Cindy A. Schwitzer
Residing at 4335 Hazelgreen Rd NE
My commission expires 03/29/92
(Seal)

Salladay
Grace M. Salladay
Signature of Applicant
1730 Auburn Rd NE #122
Street Address, City, State
SALEM, OR 97301

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of August, 19 89 Cindy A. Schwitzer

Notary Public, Cindy A. Schwitzer
Residing at 4335 Hazelgreen Rd NE
My commission expires 03/29/92
(Seal)

Jay A. Gordon (Son)
Supporting Signature
4718 Sesame St 716
Street Address, City, State
Salem, OR 97305-3050

OR Driver's License shows Grace M Zysset born Jan 25, 1919 and original date of issue Oct 22, 1958. Viewed by VS.

NV marriage Certificate shows Gail L Zysset & Grace Merritt Gordon were married May 9, 1975 in Stateline, NV by Rev Bill L Draper. Viewed by VS.

Form V. S. No. 11-0—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

CERTIFICATE OF BIRTH 66208

City of Meary

Registration District No. 2147 File No. 4

No. ..... St.

Primary Registration District No. 67 Registered No. 31

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	2-16-19

FATHER		MOTHER	
FULL NAME	Geo. N. Wylie	FULL MAIDEN NAME	Florence Smith
RESIDENCE	Meary	RESIDENCE	Meary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis.	BIRTHPLACE	Neb.
OCCUPATION	Timekeeper	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 715 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Faust

Physician
(Physician or midwife)

Given names added from a supplemental report.

Feb. 19 19 19 Address Meary

P. E. Faust Filed 2/19/19 P. E. Faust
Registrar Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754-117-1 [redacted]

PLACE OF BIRTH

037-464

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of near Castle Creek

Registration District No. 43

File No. 66209

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Miguel Perdrillo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Feby. 17, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Guzman Perdrillo	FULL MAIDEN NAME	Marie Domingo.
RESIDENCE	Oregon and Idaho.	RESIDENCE	Owyhee Co. + Oregon
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bilboa, Spain	BIRTHPLACE	near Cordova, Spain
OCCUPATION	Shepherder + Camp attendant.	OCCUPATION	Camp cook, + house wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (9½ lbs.) at 3.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Murphy, Idaho

Filed Feb'y. 19 1919 W. H. Schuyler, M.D.
Registrar

Registrar

S-Y CO. 20174

Amended 3/26/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66210
Local Reg. No.
Reg. Dist. No. 105

813204-025-914

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Caroline
b. (Middle):
c. (Last): Halter

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Feb. 4, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Godfrey
b. (Middle):
c. (Last): Halter

8. AGE (At time of this birth): 40 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland
10. USUAL OCCUPATION: Farming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Rad

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Wesley F. Orr
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Cottonwood, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb. 6, 1919
22. REGISTRAR'S SIGNATURE: H. B. Blake
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 11:30 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JAN 16 11 08 AM '73

Certificate No. 66210

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Katherine Halter (Name on Original Certificate) who was born (Was Born or Died) on Feb. 4, 1919 (Date of Event)

in Cottonwood, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Katherine Halter-	Caroline Mary Halter

Subscribed and sworn to before me this 28th day of December, 1972

Irene Westwood

Notary Public, residing at Woodburn

My commission expires 12-18-74

(Seal)

X Signed Mrs. Mary Halter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1972

James D. Whelan

Notary Public, residing at Cottonwood, Id.

My commission expires 7-1-74

(Seal)

X Signed Lisa A. Rand

(Signature of Any Credible Person)

Cottonwood Idaho

(Street Address, City, State)

FORM DH 60-155 CL 3/23/70 2cc pd.

Remembrance of first Holy Communion gives name as Caroline Halter. Date May 13, 1928. From St. Luke's Church in Woodburn. Oregon. Viewed by V. S.

Baptismal record from Church of B. V. M. Hslp of Christians, Cottonwood, Idaho gives name as Caroline Halter born Feb. 4, 1919. Was Bpatized on Feb. 6, 1919. Signed by Rev. Willibrord Beck, O.V.B. Viewed by V. S.

Certificate of Marriage from OREgon gives groom's name as James J. Anderson and the bride's name as Caroline M. Halter. Married Sept. 26, 1944. Viewed by V. S.

168-114-025

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66211

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 8

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD William Mac Johann

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb. 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Johann	FULL MAIDEN NAME	Rose Blackburn
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Harness Maker	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 11:00 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood

19

Filed Feby 17 1919

H B Blake
Registrar

Registrar

8-Y CO. 84698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1942

485-220-025-957

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66213

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 10

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Dye

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Feb 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pearl H. Dye	FULL MAIDEN NAME	May A. Ingham
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Feby 25 1919 H B Blake
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

794121-025-452

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66214

County of Idaho

City of Kenterville

Registration District No. 105 File No. 11

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Fred Grünloh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernard Grunloh	FULL MAIDEN NAME	Katherine Unkrant
RESIDENCE	Kenterville Idaho	RESIDENCE	Kenterville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill. U.S.	BIRTHPLACE	Ill. U.S.
OCCUPATION	Store Manager	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Feby 25 1919 H B Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-121-025 655

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 12

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD George John Crea

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Feb. 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Crea	FULL MAIDEN NAME	Mary Loennis
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood

19

Filed Feby 25 1919 H B Blake
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

[redacted]

5/15/41 L. B.

DECEASED

267-123-025-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66216

County of Idaho

City of Cottonwood

No. ..... St.

Hospital —

Registration District No. 105 File No. 13

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Bernard Michael Kopczynski

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Kopczynski	FULL MAIDEN NAME	Lena Seubert
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ills
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Hesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood

Filed Feby 25 1919 H B Blake
Registrar

Registrar

5-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 0 1970

231-124-025-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDA[illegible]
BUREAU OF VITAL ST[illegible]
CERTIFICATE OF [illegible]

Form V. S. No. 11-G—[illegible]

66317

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 14

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Dill Blackburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph J. Blackburn	FULL MAIDEN NAME	Eva Johnson
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Jefferson N. C.	BIRTHPLACE	Jefferson N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho.

Filed Feby 28 1919

H B Blake

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] Vital Statistics

County of [redacted] TE OF BIRTH 66218

City of Elk River Registration District No. 91 File No.

No. , St. Primary Registration District No. 2168 Registered No.

Hospital Hospital

FULL NAME OF CHILD Mary Logan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Feb. 25, 1919

FATHER		MOTHER	
FULL NAME	John Logan	FULL MAIDEN NAME	Ethel M. Dougall
RESIDENCE	Elk River 2 da.	RESIDENCE	Elk River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Greece	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Caesarian section) at 2:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R. Walton M. D.

+ Wm Gibson M.D.
(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 3 19 19 G. MacRae
Registrar

.....
Registrar

S-Y CO., 16670

[redacted]

757-215-018-215

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

68219

County of Clearwater

City of Elk River

Registration District No. 91

File No.

No. , St.

Primary Registration District No. 2168

Registered No.

Hospital at home

FULL NAME OF CHILD Betty Caswell Pearce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Feb 25, 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ramsay Walker Pearce	Ruth Banga
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Kendrick Idaho	Centerpoint Ind.
OCCUPATION	Grocer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R. Walton M.D.

(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 3 19 19 G. MacRae

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1943

249-107-035-386

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66220

County of Ny Perce

City of Southwick

Registration District No. 92

File No. 6

No. ..... St.

Primary Registration District No. 2170

Registered No. 41

Hospital .....

FULL NAME OF CHILD Joseph Anthony Smiley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Jan 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Patrick Smiley	FULL MAIDEN NAME	Mae L. Thompson
RESIDENCE	Southwick Ida	RESIDENCE	Southwick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Michigan
OCCUPATION	Farmer & Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.38 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Southwick Idaho

Filed 2-20 1919

E. E. Watts
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-104-012-54

PLACE OF BIRTH

County of Butte

City of Arco

No. (1) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

66230

Registration District No. 54 File No.

Primary Registration District No. 2139 Registered No.

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		6	Yes	January 4 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry B DeCoy	FULL MAIDEN NAME	Aug Anderson
RESIDENCE	Arco	RESIDENCE	Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 M. on the date above stated.

(Signature) O. J. Allen MD

(Physician or midwife)

Address Arco Idaho

Filed January 6 1919 O. J. Allen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-207012-955

PLACE OF BIRTH

County of Butte

City of Keowe

No. 24 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 59

File No. 66231

Primary Registration District No. 2139

Registered No.

FULL NAME OF CHILD ~~Not Named~~ Myra Mae Sessions

Sex of Child Girl

Twin Triplet or other? and Number in order of birth 2
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jany 7 1919
(Month) (Day) (Year)

FATHER

FULL NAME Gerald E. Sessions

RESIDENCE Keowe

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bessie Reed

RESIDENCE Keowe

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Home work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

(Physician or midwife)

Address Arco

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jany 9 1919 O. J. Allen

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

California-Western States Life Insurance Policy, #431115, Sept. 8, 1941 gives name as Myra Mae Sessions - viewed by V.S. Own Child's Birth Cert. California Birth-#3219, Sept. 22, 1944 gives name as Myra Mae Sessions - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 66231

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Sessions (Name on Original Certificate) who born (Was Born or Died) on Jan. 7, 1919 (Date of Event) in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Myra Mae Sessions

Subscribed and sworn to before me this 17th day of April, 1959

E. V. Jenkins

Notary Public, residing at 1526 Park St Alameda Cal

My commission expires 7-30-61

(Seal)

Signed Bessie M. Sessions
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1386 - 56th St - Sacramento, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1959

E. V. Jenkins

Notary Public, residing at 1526 Park St Alameda, Cal

My commission expires 7-30-61

(Seal)

Signed Mildred L. Brown
(Signature of Any Credible Person)

3311 Liberty Alameda
(Street Address, City, State)
Calif

FORM DPH 55.155 NNCL 3-5-59. nm

MAY 14 1959

15-2208-012-154
Amended 4-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Butte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arco

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Butte

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Avaho b. (Middle): Blanche c. (Last): Jeppsen

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 8, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): S. c. (Last): Jeppsen

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Georgia b. (Middle): c. (Last): Anderson

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. J. Allen, M.D.

19. ADDRESS: Arco, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: January 10, 1919

22. REGISTRAR'S SIGNATURE: O.J. Allen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK record typewriter ribbon is required in completing this certificate. This certificate MUST be filed with the
the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 2 6 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 66232

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jeppesen (girl child) (Name on Original Certificate) who was born (Was Born or Died) on January 8, 1919. (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Avaho Blanche Jeppsen
Full Name of Father	J. S. Jeppesen	James S. Jeppsen
Full Maiden Name of Mother	Georgia Anderson	Georgina Andersen

Subscribed and sworn to before me this 21st day of July, 1966.

Signed X Georgina Jeppsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Thatcher, Arizona

My commission expires My Commission Expires July 15, 1967
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1966.

Signed X Rebecca B. Andersen
(Signature of Any Credible Person)

Notary Public, residing at Brigham City

My commission expires January 8, 1970
(Seal)

119 West 2nd South, Brigham City, Utah
(Street Address, City, State)

FORM DH 60-155 CL 2-28-66. one copy pd. rec. #7725.

Black out, Idaho High School Diploma, May 16, 1940 gives full name as Avaho Blanche Jeppsen - viewed by V.S.

Notification of Birth Registration, State of Utah, gives full name as Mildred Etten Eileen Hugley, born March 20, 1944 at City Hospital, Price, Utah to Wayne Burl Hugley and Avaho Blanche Jeppsen - viewed by V.S.

L.D.S. Church Certificate of Birth, enteredon record July 1, 1899 gives full name as Georgine Oline Anderson, born July 10, 1891 at Bear River, Utah to Peter L. Anderson and Georgine Ipsen - viewed by V.S.

Marriage License and Certificate, State of Utah, County of Weber, married March 1, 1913 at Brigham City, Utah gives full name of groom as James S. Jeppsen and full name of bride as Georgia Olina Anderson - viewed by V.S.

Affidavit of Annual Representation, State of Idaho, county of Lemhi, dated Oct. 13, 1939 gives full name as J. S. Jeppsen - viewed by V.S.

418-123-012-395

PLACE OF BIRTH

County of Butte

City of Keowe

No. (4) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 66233

Primary Registration District No. 2139 Registered No.

FULL NAME OF CHILD Chas Lee Mays

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		3	yes	Jany 23 1919

FATHER		MOTHER	
FULL NAME	J. E. Mays	FULL MAIDEN NAME	Aug Linderman
RESIDENCE	Keowe	RESIDENCE	Keowe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Keowe wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O. J. Allen M.D.
Ore Idaho
(Physician or midwife)

Address

Filed Jany 25 1919 O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

757-230-012-261

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66234

County of Butte

City of P.O. Moore

No. (5) St.

Registration District No. 59

File No.

Primary Registration District No. 2139

Registered No.

Hospital

FULL NAME OF CHILD [illegible] INES B. PEARSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl		5	Yes	January 30 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy C Pearson	FULL MAIDEN NAME	Evelyn S. Smasey
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

(Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

19

Registrar

Filed Feb 3 1919

O. J. Allen

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
FEB 9 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66234

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Not named (Name on Original Certificate) who was born (Was Born or Died) on [redacted] January 30, 1919 (Date of Event)
in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism August 6, 1933 (Bible Record, Insurance Policy, Etc.) prepared on Near time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Not named	Ines B. [redacted] Pearson

Subscribed and sworn to before me this 1st day of February, 1956

Notary Public, residing at Arco, Idaho
My commission expires 12/15/56
(Seal)

Signed Ivy Le Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Moore, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Butte }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1956

Notary Public, residing at Arco, Idaho
My commission expires 12/15/56
(Seal)

Signed Inez Carroll
(Signature of Any Credible Person)

Challis, Idaho
(Street Address, City, State)

FORM DPH 55. 155

FEB 21 1956

963115-012-699

PLACE OF BIRTH

County of Bulle

City of Moore

No. (1) St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 66236

Primary Registration District No. 2139 Registered No.

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)		3	Yes	Feby 15 1919

FATHER		MOTHER	
FULL NAME	James A Rothwell	FULL MAIDEN NAME	Bertha Wright
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Utah
		OCCUPATION	Home work

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O. J. Allen M.D.

(Physician or midwife)

Address Arco

Filed Feby 17 1919 O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1974

145-103-011-293

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79

Primary Registration District No. 3156

66280

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Clark Melvin Ames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Jan. 3 — 19

FATHER		MOTHER	
FULL NAME	Thomas J. Ames	FULL MAIDEN NAME	Ida M. Bild
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mont.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Sweden
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 9 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 4 19 19

E E Fry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1975

1542-112-011-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry

Registration District No. 79

File No. 66281

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Edward Harold Casperson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan. 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Casperson	FULL MAIDEN NAME	Marie Olson
RESIDENCE	Eureka, Mont.	RESIDENCE	Eureka, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Lumber loader	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed 1/14/1919

E. E. Fry
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-24.011.168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66282

County of Boundary

City of ~~Town~~ Meadow Creek Registration District No. 79 File No.

No. .....St. Primary Registration District No. 216 Registered No.

Hospital .....

FULL NAME OF CHILD Ruth Lorraine Washburn

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 14 19

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. A. Washburn	Nell Johnson
RESIDENCE	Meadow Creek, Ida.	Meadow Creek, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Wash.	Wis.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address Bonners Ferry, Ida.

Filed Jan. 14 19 19 E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1971

DECEASED

433-120-011-219

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66283

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Philip James McCoy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Jan. 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold James McCoy	FULL MAIDEN NAME	Margaret Sargent
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	~~Wis.~~ Minn.	BIRTHPLACE	N. H.
OCCUPATION	Asst. Mgr. Lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 330 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida

Registrar

Filed 1/22/1919 E. E. Frey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1965

DEC 2 1942

235225-011-995

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 29

Primary Registration District No. 2116

File No. 66284

Registered No. .....

FULL NAME OF CHILD Caroline Adelaide Stemmerie

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Jan 25 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Abraham Stemmerie	FULL MAIDEN NAME Thelma Ringsted
RESIDENCE Bonners Ferry, Ida	RESIDENCE Bonners Ferry, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Norway	BIRTHPLACE Minn.
OCCUPATION Section Foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4:10 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/26 1919

E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 4 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693227.011-546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66285

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital Bonners Ferry

FULL NAME OF CHILD Patricia May Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Jan. 27 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin J. Wilson	FULL MAIDEN NAME	Hazel Edwards
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wis.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bonners Ferry Ida.

Filed 11/29/17 E E Fry

Registrar

345-127-011-636

PLACE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66286

Registration District No. 77

File No. .....

Primary Registration District No. 215-6

Registered No. .....

FULL NAME OF CHILD Norman B. E. Lunde

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Jan. 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur B. Lunde	FULL MAIDEN NAME	Helga Flor
RESIDENCE	Naples, Idaho	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Sectionman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonner Ferry, Ida.

Filed 1/27/1919

Registrar

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Mont } ss.
County of Dawson }

Certificate No. 66286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Norman Bjarne Flor Lunde (Name on Original Certificate) who Born (Was Born or Died) on Jan 27 1919 (Date of Event) in Naples Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit (Bible Record, Insurance Policy, Etc.) prepared on April 5 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Norman B. F. Lunde

Subscribed and sworn to before me this 5 day of April, 19[illegible]

L. T. Elliot

Notary Public, residing at

My commission expires

(Seal)

CLERK & RECORDER
DAWSON COUNTY,
MONT.

Signed Mrs. Helga Lunde
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

326 So Douglass
Glendive Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mont } ss.
County of Dawson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of April 1944

L. T. Elliot

Notary Public, residing at

My commission expires

(Seal)

CLERK & RECORDER
DAWSON COUNTY,
MONT.

Signed Mrs. H. J. Makelby
(Signature of Any Credible Person Other Than Previous Year)

326 So Douglass
Glendive Mont
(Street Address, City, State)

APR 1 1 194

294-111-011-43

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66287

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital Bonners Ferry

FULL NAME OF CHILD Eolwood Gerald Sims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		—	yes.	Feb. 11 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Sims	Myrtle Edelboze
RESIDENCE	Eastport, Ida.	Eastport, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	27 (Years)
BIRTHPLACE	Norway	Wis
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/11/1919. E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued November 7, 1940. L.W.

216.004-914

PLACE OF BIRTH

[redacted] V. S. No. 11—25m-9-6-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66321

County of Bear Lake

City of Mens

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 180

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Miguel Moreno	FULL MAIDEN NAME	Manuela Ramirez
RESIDENCE	Manson	RESIDENCE	Manson
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	R. R. Sect. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Soda Springs

Filed 1/16 1919 D. R. Tigert Registrar.

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-103-003-899

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66353

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 205

FULL NAME OF CHILD Baby Hobbson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	1 3 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse V. Hobbson Jr	Sophronie Quigley
RESIDENCE	Oxford	Oxford
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Oxford	Brigham City Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address Downey Idaho

Filed FEB 6 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253105.003-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66354

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2046

Registered No. 207

FULL NAME OF CHILD ~~Baby~~ Beckstead, Marjorie Merrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	2 - 5 1919

FATHER		MOTHER	
FULL NAME	Leo Beckstead	FULL MAIDEN NAME	Ruby E Merrill
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Brigham City	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed FEB- 6 1919 19.....

Dr R Tigert
Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1969

386-114-1803-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66355

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 208

FULL NAME OF CHILD Baby Thomas FRED AUSTIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1-14-1919

FATHER		MOTHER	
FULL NAME	Alvin P Thomas	FULL MAIDEN NAME	Pearl Hillman
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Swan Lake
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth IX Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed FEB 6 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECLASSIFIED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 17 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 66355

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Thomas (Name on Original Certificate) who was born (Was Born or Died) on Jan. 14, 1919 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fred Austin Thomas
Sex of Child	Not Given	Male

Subscribed and sworn to before me this 14th day of August, 1967

Russell L. Hyde

Notary Public, residing at Downey, Idaho

My commission expires May 4, 1970

(Seal)

Signed Mrs. Pearl H. Nordick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 1967

Russell L. Hyde

Notary Public, residing at Downey, Idaho

My commission expires May 4, 1970

(Seal)

Signed Matthew Thomas

(Signature of Any Credible Person)

Swan Lake, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 2-8-66. nm

Certificate of Blessing gives name as Fred Austin Thomas son of Alvin P. Thomas and Pearl Hellman Thomas born Jan 14, 1919 at Swan Lake, Idaho. Blessed June 1, 1919 by L H. Merrill. L.D.S. Church.
Viewed by V. S.

AUG 17 1967

Certificate of Baptism and Confirmation certifies that Fred Austin Thomas son of Alv Alvin P. Thomas and Pearl Hillman was born Jan 14, 1919 at Swan Lake, Idaho and Baptized Sept. 3, 1927 by Mailon Guest, Priest and confirmed a member of L.D.S. Church Sept. 4, 1927 by Elder Jesse W. Richins.
Viewed by V. S.

Amended May 13, 1969

236216.003-155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66357
Local Reg. No. 210
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Sylvia b. (Middle): Mildred c. (Last): Stone

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 16, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Seth b. (Middle): Joseph c. (Last): Stone

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farm

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sylvia b. (Middle): M. c. (Last): Jensen

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Hyrum, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Sylvia Stone, Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 6, 1919

22. REGISTRAR'S SIGNATURE: R. Tigert, M. D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: white

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66357

Date Filed Feb. 6, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sylvia Mildred Stone (Name on Original Certificate) who born (Was Born or Died) on Jan. 16, 1919 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex	male	Female

Subscribed and sworn to before me this 12 day of
May, 1969
Hazel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 72
(Seal)

Signed Mrs Iris Stone Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of
May, 1969
Hazel L. Hurlbert
Notary Public, residing at Eagle, Ida
My commission expires Sept 28, 1972
(Seal)

Signed Mrs Sylvia Stone
(Signature of Any Credible Person)

935 Orchard Ave - Ogden, Ut
(Street Address, City, State)

FORM DH 60-155

75-E-12 K-003-692

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

66358

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 711

FULL NAME OF CHILD ~~Baby~~ Perkins Anthony Byron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				1-34 1919

FATHER	MOTHER
FULL NAME Raymond A Perkins	FULL MAIDEN NAME ~~Phebe~~ Phoebe Wise
RESIDENCE Downey	RESIDENCE Downey Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Harvard Neb	BIRTHPLACE Morgan Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

..... 19.....

..... Registrar

Filed FEB- 6 1919 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

Yakima, Washington
April 24, 1941

State of Idaho
Department of Public Health
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

I am returning attached my letter of April 12th, together with your foot notes on the same.

Both my Father, Raymond A. Perkins, and my Mother, Pheobie Wise, are deceased. For several years I have made my home with my Father's brother and his wife, who are my legally appointed guardians but who did not go through the formal process of adopting me. My grandparents, on my Mother's side, are living at Downey, Idaho and can attest to my name, which was not made a matter of record at the time of birth.

Will you please advise me what type of affidavits it will be necessary for me to obtain from either my Uncle, E. B. Perkins, or my grandparents?

Very truly yours,

A. B. Perkins

A. B. Perkins
607 S. 9th Avenue
Yakima, Washington

RE
MAY

I, E.B.Perkins, authorize the Bureau of Vital Statistics to add the name of Anthony Byron Perkins to his birth certificate which is on file in the Bureau of Vital Statistics and which was not named at time of his birth. State File No. 66358.

Signed E.B. Perkins.

Subscribed and sworn to before me this 1st day of May 1941

(Seal)

Notary Kathryn Risseuger
Address -Yakima, Washington

386110-003-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66360

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. .....

Primary Registration District No. 2046

Registered No. 213

FULL NAME OF CHILD Baby Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jno Edd Thompson	FULL MAIDEN NAME	Elvira Christensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Riverside Ida	BIRTHPLACE	Hooper Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Filed FEB- 6 1919 19.....

Dr R Figari

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1971

313-205-003-466

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Name added 7/13/81

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-9-8-17

Registration District No. 29

Primary Registration District No. 2951

File No. 66365

Registered No. 215-

FULL NAME OF CHILD Winifred Charlotte Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			yes	1 5 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas F. Call	Edith Gourley
RESIDENCE	Soda Springs	Soda Springs
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Idaho	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30a M. on the date above stated.

(Signature) Russell Tigert

Physician

(Physician or midwife)

Address Soda Springs

Filed 2/1/19 Dr R Tigert

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1973

JUL 13 1981

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS JAN 11 4 39PM 81

Certificate No. 66365

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Call (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1919 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Call	Winifred Charlotte Call

Subscribed and sworn to before me this 8 day of May, 19 81

Notary Public, residing at Soda Springs Ida

My commission expires 12-15-81

(Seal)

Signed Clara Archibald

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 19 81

Notary Public, residing at Soda Springs, Ida

My commission expires 12-15-81

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

521 E. Hooper Soda

(Street Address, City, State)

FORM DH 60-155 CL 7/30/73

(1 cp pd)

Certificate of Baptism gives name as Winifred Charlotte Moore, daughter of Charles Frances Call & Edith Gertrude Dawley, born Jan. 5, 1919 at Soda Springs, Idaho. Baptized June 19, 1965, in L.D.S. Church.
Viewed by V.S.
Insurance Policy #666070 gives name as Winifred Charlotte Moore, born Jan 5, 1919, in Soda Springs. Policy issued Sept 12, 1960. Combined Ins. Co. of America.
Viewed by V.S.

253-220-003-414

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66366

County of Bannock

City of Soda Springs

Registration District No. 29

File No.

No. St.

Primary Registration District No. 2951

Registered No. 219-

Hospital

FULL NAME OF CHILD ELSIE BELL

Sex of Child F

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate yes

Date of Birth Jan 20 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur J. Bell	FULL MAIDEN NAME	Vinnie Madsen
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	N. C.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) Russell Tigert

Physician (Physician or midwife)

Address Soda Springs

Filed Feby 1 19 19 Dr. R. Tigert

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 66366

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elsie Bell

Subscribed and sworn to before me this 28
day of May, 1942

Notary Public, residing at Firth Ida

My commission expires July 7- 1944
(Seal)

Signed Vinnie A Bell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 29 1942

FEB 5 1971

JUN 2 19

DEC 3 1971

389-2021003-345

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66367

County of Bannock

City of

No. St.

Hospital

Registration District No. 29

File No.

Primary Registration District No. 2957

Registered No. 220

FULL NAME OF CHILD Klea Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	2 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ray Christensen	FULL MAIDEN NAME	Edwin Lundstrom
RESIDENCE	Grace	RESIDENCE	Grace
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Russell Tigert

Physician (Physician or midwife)

Address Soda Springs

Filed Feby 5 19 19 Dr R. Tigert Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 8 [illegible]2

States
ent of Commerce
of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6636
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

CE OF BIRTH:
County Bannock (b) City Grace
Street Address or R.F.D. No.
Name of Hospital or Maternity Home:
Dun Home
Mother's stay BEFORE delivery:
n Hosp. or Mat. Home days.
n THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
Grace, Ida
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) Grace Ida

NAME HILD Klea Christensen
5. Date of Birth (Month, day, year) Feb 2, 191
Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

E Ray Christensen
ce White 12. Age at time of THIS birth yrs.
lace Richmond Utah
(City or Town) (State or foreign country)
ation Stockraiser
try or ess Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Edwina Lundstrom
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Richmond Utah
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

prophylactic used to prevent Ophthalmia Neonatorum argyrol
ber of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
orn alive and now dead (d) Stillborn none

REBY CERTIFY That I attended the birth of this child, who was born alive at 8 A M. on the date
(born alive, stillborn)
nd at the place stated above, and that personal particulars were furnished by Edwina Christensen, who is
(First name) (Last name)
ed to this child as Mother
(Mother, etc.)

EB 4 1942 (b)
(Date received) (Registrar's signature)
name added on by
(Registrar's signature)

25. Attendant's OWN signature Russell Tyent, M.D.
(D.O., Midwife, etc.)
and address Soda Springs Date 1-13-42
Idaho

867-205-003-992

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

Registration District No. 29

File No. 66368

No. ..... St.

Primary Registration District No. 2951

Registered No. 221

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	2 5 1919

FATHER		MOTHER	
FULL NAME	Saml Hopkins	FULL MAIDEN NAME	Rosina Riber
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	England	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE;

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Figert

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Address Soda Springs

Filed Feb 10 1919 Dr. P. Figert
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-207-003-213

AMENDED CHILD'S BIRTH PLACE & SEX 4-25-2000 MS

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Bannock~~ CARIBOU

City of ~~Soda Springs~~ ALEXANDER

Registration District No. 29

File No. 66369

No. _____ St.

Primary Registration District No. 2951

Registered No. 222

Hospital _____

FULL NAME OF CHILD Clifford LaVor Allen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
MALE				yes	2 (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. Frank Allen	FULL MAIDEN NAME	Maye Baldwin
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	R. R. Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Figert

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____

Registrar

Address Soda Springs

Filed 7/15 1919 Dr. R. Figert

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1944

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

2-24-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 1919-66369
Date Filed FEB. 15, 1919

VITAL STATISTICS
00 APR 20 11:30

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for CLIFFORD LAVOR ALLEN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on FEB. 7, 1919 (Date of Event)

in SODA SPRINGS (BANNOCK) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S BIRTH PLACE	SODA SPRINGS (BANNOCK) ID	ALEXANDER (CARIBOU) ID
CHILD'S SEX	FEMALE	MALE

Subscribed and sworn to before me this 19th day of April, 2000

Notary Public, Norma Mittelstedt
Residing at 201 East 2nd Rupert, Id.
My commission expires 1/11/06
(Seal)

Lu Juana Winder
Signature of Applicant

x 206 W. Oletta Lane Rupert, Id
Street Address, City, State

NORMA MITTELSTEDT NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc sent 1-10-2000

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 2/10/1941 FILE #1941-306848 SHOWS THE FATHER CLIFFORD LAVOR HARRIS BORN IN ALEXANDER, IDAHO VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 10/15/1987 FILE #87-5249 SHOWS CLIFFORD LAVOR ALLEN HARRIS DIED SEPT. 28, 1978 IN IDAHO FALLS (BONNEVILLE) A MALE BORN FEB. 7, 1919 IN IDAHO VIEWED VS.

995-123-
015-249

PLACE OF BIRTH [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m

CERTIFICATE OF BIRTH

66370

County of Caribou

City of Soda Springs

Registration District No. 29

File No.

No. St.

Primary Registration District No. 2951

Registered No. 223

Hospital

FULL NAME OF CHILD Edward Willard Rinehart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 23 1919

FATHER		MOTHER	
FULL NAME	Carl E. Rinehart	FULL MAIDEN NAME	Gladys E. Smith
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Calif
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs

Filed 2/28/19 Dr. Tigert
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

* Given names added from a supplemental report.

19

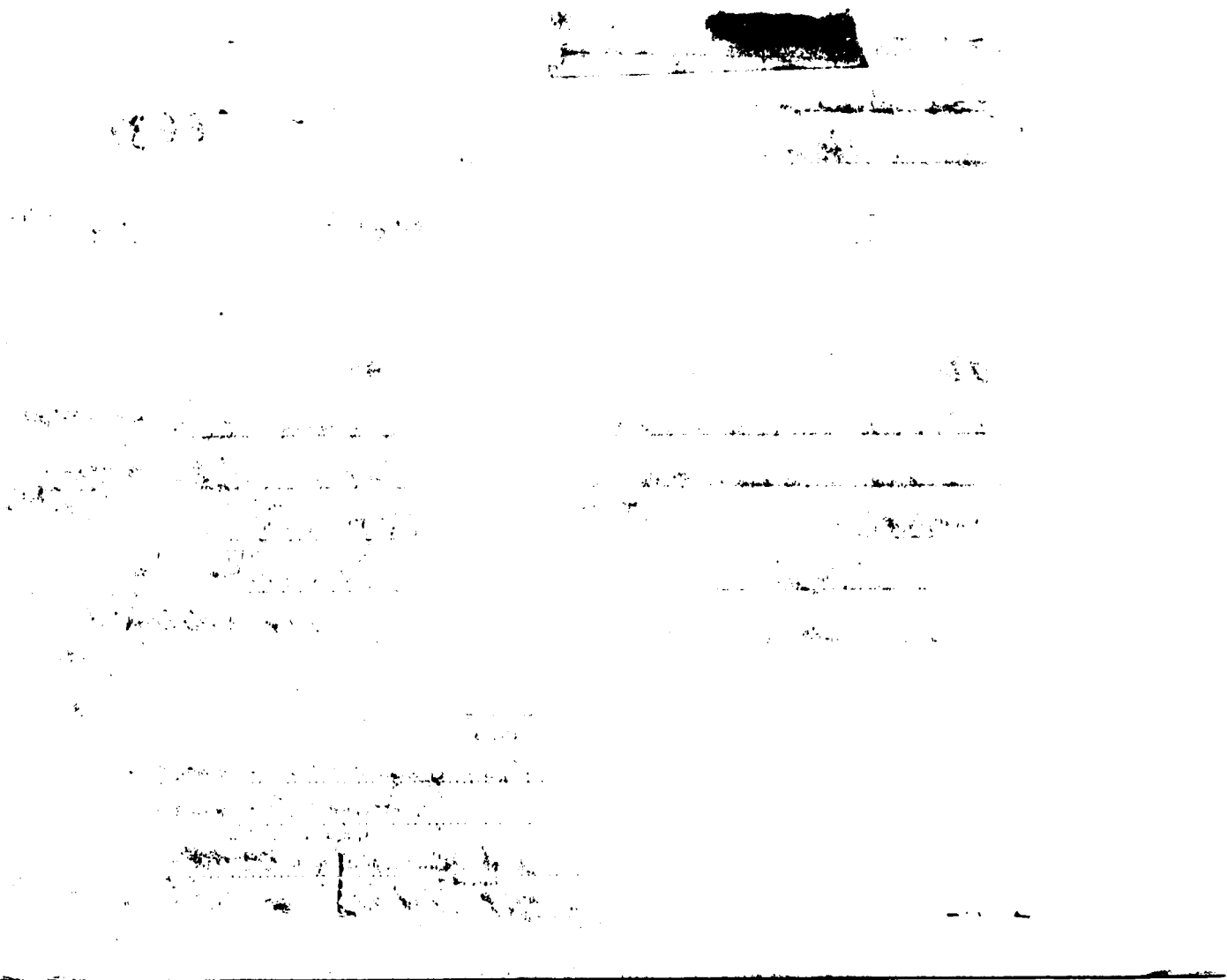
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



United States
Department of Commerce
Bureau of the Census

JAN 19 1942 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6670
Local Reg. No. 103
Reg. Dist. No. 52

1. **PLACE OF BIRTH:**
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ... Days
In **THIS** county ... years ... months ... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Edward Willard Rinehart

5. **DATE OF BIRTH** (Month, day, year) Feb. 23, 1919

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Carl Edward Rinehart

11. Color or Race W

12. Age at time of **THIS** birth 22 yrs.

13. Birthplace Soda Springs (City or Town) (State or foreign country)

14. Exact Occupation UPRR

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Smith

17. Color or Race W

18. Age at time of **THIS** birth 27 yrs.

19. Birthplace San Diego, Cal. (City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9PM M. on the date and at the place stated above, and that personal particulars were furnished by Gladys Rinehart (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct. 29, 1941 (Date received) (b) Dr. Russell Tiget (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 10/27/

27. Given name added on ... by ... (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they c as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the atter physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars req by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of b* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, n householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or pr institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and sign to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be ena

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other pe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to f proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deliv

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S No. 11—25m-9-8-15

PLACE OF BIRTH

593 B 12 7 1915-613

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Spgs

Registration District No. 29

File No. 66371

No. ..... St.

Primary Registration District No. 2951

Registered No. 224

Hospital .....

FULL NAME OF CHILD Malcolm Alexander Nicolson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alliston Nicolson	FULL MAIDEN NAME	Marty Walker
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

(Signature) Russell Tigert

Physician (Physician or midwife)

Address Soda Springs

Filed 7/27 1919 Dr R. Tigert Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

215-105-029-249

[redacted]

orm V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lotch

City of Bovill

No. # St.

Hospital #

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 66372

Primary Registration District No. 2746 Registered No.

FULL NAME OF CHILD Richard Sanderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2 - 5 - 1919

FATHER		MOTHER	
FULL NAME	John William Sanderson	FULL MAIDEN NAME	Maria Julia Smith
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Machinist Helper.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Bovill Idaho

19

Filed 2/27/1919 Mrs F. C. Gibson

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

813-104-029-792

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital #

Registration District No. 66

File No. 66373

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD William Clinton Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	2 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jesse E Hall	FULL MAIDEN NAME	Olive Ruth Pike
RESIDENCE	Bovill, Ida	RESIDENCE	Bovill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cedarville, Ky	BIRTHPLACE	Lakeview, Mich.
OCCUPATION	Stationary Eng.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed 7/20/ 1919 Mrs. F. Gibson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-125-029-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-2-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Bovill

No. # St.

Hospital Bovill

Registration District No. 66

File No. 66374

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD Allison Laird Ainsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			~~[illegible]~~ Feb. 25 1919

FATHER	MOTHER
FULL NAME Charles Luther Ainsworth	FULL MAIDEN NAME Elizabeth McCutchen Laird
RESIDENCE Chippewa Falls Wisconsin	RESIDENCE Potlatch Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minneasota
OCCUPATION Trustee for Edward Rutledge Charity	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Bovill Idaho

Filed 2/28/1919 Mrs. F. C. Gibson

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Wisconsin } ss.
County of Chippewa }

MAY 8 1941

Certificate No. 66374

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Allison Laird Ainsworth (Name on original certificate) who was born (Was born or died) on Feb. 25, 1919 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Feb. 26, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth date	Feb. 17, 1919	Feb. 25, 1919

Subscribed and sworn to before me this 5th
day of May, 1941
Nolla McDonell
Notary Public, residing at Chippewa Falls, Wis.
My commission expires March 6, 1944
[SEAL]

Signed Elizabeth L. Ainsworth
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person) Mother
709 Niles St. Chippewa Falls, Wis.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Wisconsin } ss.
County of Chippewa }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of May, 1941
Nolla McDonell
Notary Public, residing at Chippewa Falls, Wis.
My commission expires March 6, 1944
[SEAL]

Signed Walter F. Larrabee
(Signature of any credible person other than the previous affiant)
117 ½ N. Bridge Street
(Street Address, City, State)
Chippewa Falls Wisconsin

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-104-017-243

PLACE OF BIRTH

[redacted]

DAHO
STATISTICS
F BIRTH

Form V. S. No. 11-C—[illegible]-8-17

County of Clark

City of Dubois

Registration District No. [redacted]

File No. 66375

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD T J Franklin Moody

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos J Moody	FULL MAIDEN NAME	Georgianna Butts
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician ~~or midwife~~)

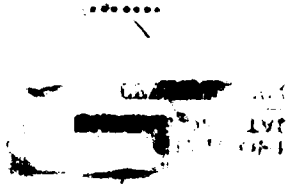
Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed Feb 4 1919 C E Jones M D
Registrar

First baby born in Clark Co



APR 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-119-017-765

Form V. S. No. 11-C—Rev. 6-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66376

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125

Primary Registration District No. 2203

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and		Yes	2 19 19

FATHER		MOTHER	
FULL NAME	Albert C. Swanstrum	FULL MAIDEN NAME	Katharine Gorbchius
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Montana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed 2/19 19 19

C E Jones MD Registrar

JUL 29 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-187-017-355

PLACE OF BIRTH

County of Clark

City of Spencer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-3

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125

Primary Registration District No. 2209

File No. 66377

Registered No. .....

FULL NAME OF CHILD ..... GEORGE DELMAR SIMPSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 27 1919

	FATHER	MOTHER
FULL NAME	John W Simpson	FULL MAIDEN NAME Elizabeth Lee
RESIDENCE	Spencer	RESIDENCE Spencer
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE	Scotland	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 1:20a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) ..... C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Filed 2/28 1919 C E Jones M D
Registrar

MAY 2 1951

286-120-035281

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ney Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66378

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. -5-

FULL NAME OF CHILD Bernard Wayne Shoemaker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes.	Feb. 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Shoemaker.	FULL MAIDEN NAME	Grace M. Shangle.
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa.
OCCUPATION	Warehouse Laborer.	OCCUPATION	housewife.

Number of child of this mother, including present birth -2- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Lapwai

Filed Feb. 21 1919 William P. H. Habel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-9-1941. D.P.

853-211-035-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ney Perce

City of Slickpoo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66379

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. -4

FULL NAME OF CHILD Mary Elizabeth Heckman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Feb. 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Heckman	FULL MAIDEN NAME	Ida Parker
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Ida.
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lapwai Ida

Filed 2/12 1919 William P. H. Habel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-225-00529

PLACE OF BIRTH

S. No. 11—25m-6-15-18

ST[redacted]
BUREAU[redacted]
CERT[redacted] 66380

County of Benewah

City of Plummer

No. _____ St.

Hospital _____

Registration District No. 32 File No. _____

Primary Registration District No. 2049 Registered No. 3

Full Name of Child Zaida Clarice Nordquist.

SEX OF CHILD: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Jan. (Month) 25 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Tilbert Nordquist	FULL MAIDEN NAME	Edna Orrel Bromley
RESIDENCE	Plummer Ida	RESIDENCE	Plummer Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Gallatin Montana	BIRTHPLACE	Sioux Falls, S.D.
OCCUPATION	Roadmaster's Assistant	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Registrar

Address St Maries

Filed Mar 6 1919 H E Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1958

SEP 28 1942

443-127-006-219

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32 File No. 66381

Primary Registration District No. 2049 Registered No. 4

FULL NAME OF CHILD WALTER PATRICK Mullin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Jan 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Patrick Mullin	FULL MAIDEN NAME	Alice Barnes
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minneapolis Minn	BIRTHPLACE	Montreal Canada
OCCUPATION	Confectioner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 6 1919 H E Hunt

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. NOV 3 1941 Certificate No. 66381
County of Okanogan Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Patsy Walyer Mullin	Walter Patrick Mullin

Affiant further states that he is the father of said Walter Patrick Mullin.

Subscribed and sworn to before me this 28th day of October, 1941

Signed Pat Mullin X mark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Omak, Washington

My commission expires July 11, 1945
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

434-204-005-417

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. 66382

Primary Registration District No. 2049

Registered No. 5

FULL NAME OF CHILD Thelma Rose McMillan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	***		***	Yes	Feb. 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James McMillan	FULL MAIDEN NAME	Beatrice Maxwell
RESIDENCE	StMaries Idaho	RESIDENCE	StMaries Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Clinton Mo.	BIRTHPLACE	Albany Ore.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries Idaho

Filed Mar 6 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

219.206.005-339

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 66383

Primary Registration District No. 2049 Registered No. 6

Full Name of Child Shirley Jean Sargent

SEX OF CHILD F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb (Month) 6 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Courtland Matson Sargent	FULL MAIDEN NAME	Helen Strong
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Spokane Wash	BIRTHPLACE	Warren Minn
OCCUPATION	Banking	OCCUPATION	Hewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elonewall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Mar 6 1919 H E Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666.123.005-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66384

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

File No. .....

Primary Registration District No. 2049

Registered No. 7

FULL NAME OF CHILD Lawrence Edwin Woodworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	***		***	Yes	Feb (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Woodworth	FULL MAIDEN NAME	Jessie Custer
RESIDENCE	Benewah Co.	RESIDENCE	Benewah Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Walnut Creek Cal.	BIRTHPLACE	Alton, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd.

Number of children of this mother now living, including present birth 2nd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD

Physician

(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

Filed Mar 6 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVE

WRITE PLAINLY WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RE... of each, in order of birth ...

...MANENT RECORD

...e for each and the number

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

IDAHO

PLACE OF BIRTH [redacted] State Board of Health Record No. 66385

County of Benewah

City or Town of Farm in Idaho

295-104.005-249

BUREAU OF VITAL STATISTICS

Registered No. 2

CERTIFICATE OF BIRTH

Registration Dist. No. 32 (No. ....., ... St.; ..... Ward)

2049.

FULL NAME OF CHILD Marion Walter Breithaupt { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		9th	yes	Feb. (Month) 4 (Day), 1919 (Year)

FATHER		MOTHER	
Full Name	Henry Martin Breithaupt	Full Maiden Name	Ethel May Burns
Residence	P.O. Tekoa, Wash In Idaho	Residence	Tekoa Wash In Idaho
Color	White	Color	White
Age at last Birthday	37 (Years)	Age at last Birthday	31 (Years)
Birthplace (State or Country)	Iowa	Birthplace (State or Country)	Mo
Occupation	Rancher	Occupation	Housewife

Number of child of this mother 9th

Number of children, this mother, now living Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / stillborn } † and that it occurred on Feb. 4th, 1919, at 2 A.M.

(Signature) W. E. Abegglen D.O.

Physician (Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Address

[illegible] H. E. Hunt

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

238-228-029-466

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 66386

No. ..... St.

Primary Registration District No. 10.11

Registered No. 20

Hospital Inland

FULL NAME OF CHILD Elizabeth Faye Schlueter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Feb. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Schlueter	FULL MAIDEN NAME	Novella Moore
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Carthers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow Ida

..... Registrar

Filed Feb 28 1919 W H Carthers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 1 1 1943

819-214-029-366

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66387

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 19

FULL NAME OF CHILD Hazel A. Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	E. W. Hart	FULL MAIDEN NAME	Anna B. Cooper
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed Feb 26 1919 W. H. Carithers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-210-029-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carruthers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66388

Registration District No. 61 File No. .....

Primary Registration District No. 10-11 Registered No. 18

FULL NAME OF CHILD Mary Ellen Nolen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 10 1919

FATHER		MOTHER	
FULL NAME	Oscar M. Nolen	FULL MAIDEN NAME	Lillian B. Clarke
RESIDENCE	Minneapolis Minn	RESIDENCE	Minneapolis Minn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Attorney	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 4-36 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed Feb 26 1919 W. H. Carruthers

Registrar

Registrar

312-109-029-458

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main *St.*

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 10 11

File No. 66389

Registered No. 9

FULL NAME OF CHILD Robert John Taber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 9, 1919 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Glen Earnest Taber	FULL MAIDEN NAME	Freda Margaret Meyer
RESIDENCE	Genesee, Idaho.	RESIDENCE	Genesee, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Genesee, Idaho.
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho.

Registrar

Filed Feb. 19 199 W H Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-107-029-432

PLACE OF BIRTH

Form V. S. No. 11-G—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 66390

Primary Registration District No. 1011

Registered No. 10

FULL NAME OF CHILD BILLY RICHARD POTTER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 7, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hunt W. Potter	FULL MAIDEN NAME	Daisy McKenzie
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Moscow, Idaho

Registrar

Filed Feb. 19 1919 W. H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

NOV 3 1941

Certificate No. 66390
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Billy Richard Potter (Name on original certificate) who Born (Was born or died) on Feby. 7th 1919 (Date of event)
in Moscow Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on Feby 7th 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Potter	Billy Richard Potter
Billy Richard	Potter	

Subscribed and sworn to before me this 1st
day of November, 1941.
C P Hinrichs
Notary Public, residing at
My commission expires Feb 10—1945
[SEAL]

Signed Mona V. Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Morgan H. Potter
(Street Address, City, State) 1140—11th Ave Lewiston Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of November, 1941.
C P Hinrichs
Notary Public, residing at Lewiston Idaho
My commission expires Feb 10—1945
[SEAL]

Signed Mona V. Potter
(Signature of any credible person other than the previous affiant.)
1140—11—Ave Lewiston Idaho
(Street Address, City, State)

Received for filing on 3 1941 By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-128-029-418

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66391

County of Latah

City of Moscow

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. 10 11 Registered No. 11

Hospital .....

FULL NAME OF CHILD Elsner Willis Mondy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	Jan. 28" 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W. Mondy.	Jessie Daylong.
RESIDENCE	Joel Idaho.	Joel Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Idaho.	Kansas.
OCCUPATION	Farmer	Housekeeper.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Carothers M. D.

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 6 1919

W. T. Carothers

Registrar

NOV 5 1975

693-124-029-314

PLACE OF BIRTH

Form V. S. No. 11-G—Rev-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66392

County of Latah

City of Moscow

Registration District No. 61

File No.

No. 720 So. Main St.

Primary Registration District No. 1011

Registered No. 12

Hospital The Gritman

FULL NAME OF CHILD Adolph Wilken

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 24, 9

FATHER	MOTHER
FULL NAME: Frank A. Wiken	FULL MAIDEN NAME: Mary Amelia Lamp
RESIDENCE: Cameron, Idaho.	RESIDENCE: Cameron, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Cameron, Idaho.	BIRTHPLACE: Minnesota
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 5 P.M. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Feb 5 1919 W.H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-212-029-35-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66393

Registration District No. 61 File No. .....

Primary Registration District No. 10 11 Registered No. 17

FULL NAME OF CHILD Frances J. Headrick

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Feb. 12 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Ralph Headrick

RESIDENCE Moscow

COLOR white AGE AT LAST BIRTHDAY ..... 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mildred M. Leininger

RESIDENCE Moscow

COLOR white AGE AT LAST BIRTHDAY ..... 23 (Years)

BIRTHPLACE Neb.

OCCUPATION Home [redacted]

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1-P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Clarke

Physician (Physician or midwife)

Address Moscow

Filed Feb 26 1919 W. H. Arthers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

398/109. 029-742

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66394

Registration District No. 61 File No. .....

Primary Registration District No. 10-11 Registered No. 16

FULL NAME OF CHILD Harland A. Tribble

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 9 1918

	FATHER	MOTHER
FULL NAME	A. A. Tribble	Ethel Gustow
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY	34 (Years)	26 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Clarke

Physician

(Physician or midwife)

Address Moscow

Filed Feb 26 1918 W. H. Gauthiers

Registrar

DEC 8 1956

493-205-029-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 61 File No. 66395

Primary Registration District No. 10.11 Registered No. 15

FULL NAME OF CHILD Louis J. Miller

Sex of Child Female | Twin, Triplet or other? | and (Number in order of birth) (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb. 4 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. L. B. Miller	FULL MAIDEN NAME	Edith Gallup
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Germany	COLOR	white
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Kans.
		OCCUPATION	Hous wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 8 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

..... Registrar

Filed Feb 26 1919 W H Carothers

OCT 1 1969
SEP 1 5 1969

817-104.029-437

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66396

Registration District No. 61 File No. .....

Primary Registration District No. 10 11 Registered No. 14

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb. 4 1919

FATHER		MOTHER	
FULL NAME	Sherman Hagan	FULL MAIDEN NAME	Lethia McGarvey
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Moscow Ida

Filed Feb 26 1919 W H Carothers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-102-029-953

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66397

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 10.11 Registered No. 13

Hospital

FULL NAME OF CHILD Albert DeLoss Benson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb. 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Benson	Dicka Mellon
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Minn	N. D.
OCCUPATION	Farmer	Hous wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clark

(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

19

Registrar

Filed Feb. 26 1919 W.H. Carothers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1943

818-110-029-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Obm.8-8-17

CERTIFICATE OF BIRTH

66398

County of Latah

City of Moscow

Registration District No. 61

File No.

No. 720 So. Main St.

Primary Registration District No. 1019

Registered No. 21

Hospital The Gritman

FULL NAME OF CHILD Bernard Thomas Hayes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb. 20 1919

FATHER		MOTHER	
FULL NAME	John Henry Hayes	FULL MAIDEN NAME	Teresa Sullivan
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Calgary, Alberta
OCCUPATION	R.R. Roadmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

3 Given names added from a supplemental report.

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow Idaho

..... 19.....

Registrar

Filed Feb 28 1919 W. H. Matthews

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 124.029

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So M St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—Mar-8-8-17

Registration District No. 61

File No. 66399

Primary Registration District No. 1011

Registered No. 22

FULL NAME OF CHILD Edwin Jacob Rosenberg, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Jacob Rosenberg	FULL MAIDEN NAME	Frances Josephine Miller
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Prof of Commerce U of I	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed Feb 28 1919 W. H. Hawthorne

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
) SS
COUNTY OF Latah)

AFFIDAVITS FOR CORRECTION OF A RECORD

Edwin J. Rosenberg, of Omaha Nebraska,
being first duly sworn, deposes and says the he is the Father
(If related, specify degree, if friend or otherwise, so state)
of Edwin J Rosenberg Jr who was born in the
(was born or died)
city of Moscow, County of Latah, Idaho, on the 21 day of
February, 1919, as stated in a certificate of birth, filed by
(birth or death)
Dr. Fritman
name of physician or midwife, or undertaker for death)
with the Local Registrar for the city
of Moscow, County of Latah, Idaho, on the ____ day of _____, 19__.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of Birth was Febr 24, 1919 instead of Febr 21, 1919

That affiant upon his (his or her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: Date of Birth was Febr 24, 1919

(Seal)

Affiant Edwin J. Rosenberg
Address 3111 Myrtle St. Omaha Nebr.

Subscribed and sworn to before me this 19 day of May, 1938

S. E. Seiler
Notary Public

STATE OF IDAHO)
) SS
COUNTY OF Latah)

Frances M. Rosenberg of Omaha Nebraska
being first duly sworn deposes and says that She has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Frances M. Rosenberg
Address 3111 Myrtle Ave. Omaha, Nebr.

Subscribed and sworn to before me this 19 day of May, 1938.

(Seal)

S. E. Seiler
Notary Public

Heading

299-25-039--13

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. West Third St.

Hospital

Registration District No. 61 File No. 66401

Primary Registration District No. 1011 Registered No. 23

FULL NAME OF CHILD KATHERINE MARIE BIRCHMIER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feby 25 19

FATHER

FULL NAME Elmer August Birchmier

RESIDENCE Deary, Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Amy Jackshaw

RESIDENCE Deary, Idaho.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 1:45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb 28 19 19 W. H. Matthews

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 66400

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Katherine M Birchmier (Name on Original Certificate) who Born (Was Born or Died) on Feb 26 1919 (Date of Event) in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Catholic Church Record (Bible Record, Insurance Policy, Etc.) prepared on 25 day of February 1919 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Katherine Marie Birchmier

Subscribed and sworn to before me this 18th day of March, 19 43

Burton Power

Notary Public, residing at Moscow, Idaho

My commission expires 12-15-1943
(Seal)

Signed Emma Jackeka Birchmier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

135-223-[redacted]

[redacted]

11-C—Mm-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 222 S Tilly St.

Hospital

Registration District No. 61

File No. 66401

Primary Registration District No. 1011

Registered No. 24

FULL NAME OF CHILD Helen Marguerite Jensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 23 1919

FATHER		MOTHER	
FULL NAME	Irving R. Jensen	FULL MAIDEN NAME	Lucile V. Warren
RESIDENCE	Moscow Id	RESIDENCE	Moscow Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Forest Bian N. W.
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb. 23/19 at 9 9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow Id

Filed 2/28 1919 W. H. Carothers
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

243-219 20-202

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66402

Registration District No. 35

Primary Registration District No. 2021

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Alice Hamut Bullock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	4	yes	Feb. 19 1919

FATHER		MOTHER	
FULL NAME	William Eads Bullock	FULL MAIDEN NAME	Alice May Bobri
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Agent Lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... Feb. 19 1919, at 4:16 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 1st 1919 J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 28 020168

PLACE OF BIRTH Amended 12/19/73

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66403

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. 22

Primary Registration District No. 2241

File No. .....

Registered No. .....

FULL NAME OF CHILD Odell J. Madsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	yes	Feb. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Madsen	FULL MAIDEN NAME	Sarah Johnson
RESIDENCE	Glenn's Ferry, Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb. 27th 1919 at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Feb 28 1919 J. W. Davis
Registrar

Registrar

SEP 4 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 13 3 46 PM '73

State of Oregon } ss.
County of Marion

Certificate No. 66403

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Madsen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1919 (Date of Event) in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Odell J. Madsen
date of birth	February 27, 1919	February 28, 1919

Subscribed and sworn to before me this 18th day of SEPTEMBER, 19 73

Notary Public, residing at Salem, Oregon

My commission expires June 20, 1974

(Seal)

Signed Louisa Madsen Vateto
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1771 N. E. Cottage St. Salem, Ore. 97303
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of September, 19 73

Notary Public, residing at Salem, Oregon

My commission expires June 20, 1974

(Seal)

Signed Edgar E. Vateto
(Signature of Any Credible Person)

1771 N. E. Cottage St. Salem, Oregon 97303
(Street Address, City, State)

FORM DH 60-155 CL 9/4/73

Certif. of Baptism andConfirm. from LDS Church gives name as Odell Jay Madson son od Ivan B. Madsen and Sarah Margaret Johnson. Born Feb. 28, 1919. Was Baptized Jan, 10, 1932. born at Glenns Ferry, Idaho. Viewed by V. S.

DEC 20 1973

Certificate of Eligibility from ~~E~~ The Veterans Administration gives name as Odell J. Madsen. Serial No. 39 934 466. born 2-28-19. Date issued 5-10-50. Viewed by V. S.

719.222.020-213

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33

Primary Registration District No. 2221

File No. 66404

Registered No. .....

FULL NAME OF CHILD Mary Magnitte Parish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	Feb. 22nd 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Francis E. Parish	FULL MAIDEN NAME Ruth Ballmyer
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE Glenn's Ferry Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	America	BIRTHPLACE America
OCCUPATION	Fire Builder & Locomotive	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Feb. 22nd 1919, at 5:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 28 1919

J. W. Davis

Registrar

MAR 14 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

457.21.1020-239

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3.S. File No. 66405

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Ellen Lucille Meador

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	single	5	yes	Jan. 12 1919

FATHER	MOTHER
FULL NAME: James Meador	FULL MAIDEN NAME: Cleopatra Brown
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Switchman O.S.L.R.R.Co	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. Jan. 12 1919, at 5 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 12 1919 J. W. Davis M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

071-202-020-859

Form V. S. No. 11-C—25m-8-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66406

County of Elmore

City of Glenn's Ferry

Registration District No. 35 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Eloise Eugenia Spanbauer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	Feb 2nd 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alois Spanbauer	Eugenia Herbst
RESIDENCE	Blackfoot Idaho (Deceased)	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Feb 2nd 1919, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 7th 1919 J. W. Davis
Registrar

962-12-3:020-246

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. 35

Primary Registration District No. 2021

File No. 66407

Registered No. .....

FULL NAME OF CHILD EDWARD Darell Robertson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Jan. 23rd 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: George Frederick Robertson	FULL MAIDEN NAME: Cecil Buffington
RESIDENCE: Glenn's Ferry.	RESIDENCE: Glenn's Ferry.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Band. Clerk.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (or stillborn) on the date above stated. Jan. 23 1919, at 10 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 30 1919 J. W. Davis M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 66407

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Darrell Robertson (Name on Original Certificate) who was born (Was Born or Died) on Jan 23, 1919 (Date of Event)
in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan 23, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Darell Robertson	Edward Darrell Robertson

Subscribed and sworn to before me this 27th
day of February 19 42

Notary Public, residing at Glenns Ferry, Idaho

My commission expires Nov. 15th, 1943
(Seal)

Signed Cecil Robertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Glenns Ferry, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February 1942

Notary Public, residing at Glenns Ferry, Idaho

My commission expires Nov. 15th, 1943
(Seal)

Signed Ellen Buffington
(Signature of Any Credible Person Other Than Previous Year)

Glenns Ferry, Idaho
(Street Address, City, State)

MAR 24 1942

267-101-039-968

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66443

County of Power

City of Am. Falls, Idaho

Registration District No. 25

File No.

No. ..... St.

Primary Registration District No. 2072

Registered No.

Hospital

FULL NAME OF CHILD Rudolf Henry Kopp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yrs	Jan 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bernhard Kopp	FULL MAIDEN NAME	Alvina Rohde
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Anchor, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. P.T. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nolte

Am. Falls, Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls Idaho

Filed 1-3 1919

R. F. Nolte
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1958

389-202-039-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66445

County of Power

City of American Falls

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No.

Hospital

FULL NAME OF CHILD Alice Christensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 2 19 7

FATHER		MOTHER	
FULL NAME	John Vernon Christensen	FULL MAIDEN NAME	Gillian Emily Allen
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Murray, Idaho	BIRTHPLACE	Cassia Creek, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard [illegible]

(Physician)

Address Am. Falls Idaho

Given names added from a supplemental report.

19

Registrar

Filed 1-8 1917 R. L. Nath

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1955

415-105-039-334

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Id.

Registration District No. 25

File No. 66446

No. ..... St.

Primary Registration District No. 2072

Registered No. .....

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nathan Harry Daniels	FULL MAIDEN NAME	Rita Clupp
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hawaii	BIRTHPLACE	Wyoming
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Am. Falls, Ida
(Physician or ~~mid-wife~~)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls Idaho

Filed 1-6 1919

R. F. Noth
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-120-039-413

[redacted]

~~STATE OF IDAHO~~

Form V. S. No. 11-C—[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 66447

No. ..... St.

Primary Registration District No. 2072

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ HUGH Francis Fitzpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yrs	Jan (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hubert Francis Fitzpatrick	FULL MAIDEN NAME	Leon Agnes MacDermott
RESIDENCE	American Falls	RESIDENCE	American Falls, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	County Down Ireland	BIRTHPLACE	Richland Center Wis.
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard B. Noth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Am. Falls, Idaho

Filed 1-22 1919

R. S. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska } ss.
County of Douglas

Certificate No. 66447

Date Filed Jan 22, 1919

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)

for Hubert Francis Fitzpatrick (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 20, 1919 (DATE OF EVENT)

in American Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible & Ins Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on MAY 19 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "~~BIRTH DATE~~", "~~CAUSE OF DEATH~~", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Hubert Francis	Hugh Francis
Father's name	Hubert Francis	Hugh Francis

Subscribed and sworn to before me this 19th day of May 1942

Edward Neale

Notary Public, residing at Omaha Neb.

My commission expires 4/23-1948

(SEAL)

Signed Leona Agnes McDermott (Fitzpatrick)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

115 No 35th St, Omaha, Nebraska

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.
County of Douglas

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May 1942

Edward Neale

Notary Public, residing at Omaha Neb.

My commission expires 4/23-1948

(SEAL)

Signed E. F. Fleming

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St. Paul, Nebraska

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 21 1942 By _____

(REGISTRAR'S SIGNATURE)

SEP 1 1963
JAN 24 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-131-039-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66449

County of Power

City of American Falls Registration District No. 25 File No.

No. St. Primary Registration District No. 2072 Registered No.

Hospital Bethany Deaconess

FULL NAME OF CHILD Bruce Edward Vaughan

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James G. Vaughan	FULL MAIDEN NAME	Mary Bessie Cronkhite
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ohio	BIRTHPLACE	Allenville, Wisc.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth (Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Am. Falls Ida

Filed 1-31 1919 R. S. Noth Registrar

CCO issued Jan. 29, 1941 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

m-1-1-19

County of Ada

City of Boise

No. 1406 N 12 St.

Hospital

Registration District No.

Primary Registration District No.

File No. 66452

Registered No. 23

FULL NAME OF CHILD Raymond Eugene Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph H. Baker	FULL MAIDEN NAME	Glenna Magee
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	~~Ham~~ Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glass

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 2/3 1919 L R Forman

Registrar

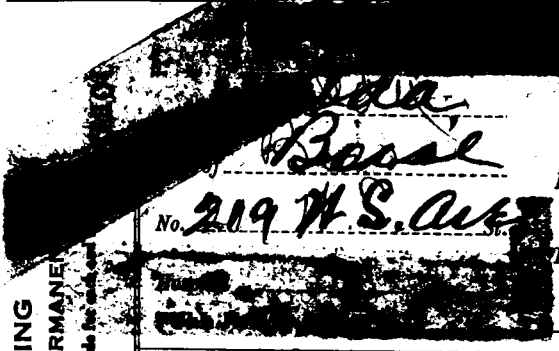
S-Y CO. 24655

[redacted]

JUL 27 1948

1/6/41 I. B.

FEB 18 1952



S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 66453

Primary Registration District No. _____ Registered No. 24

Sex of Child: Fe

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 2 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elmer E. Bassell	FULL MAIDEN NAME	Juanita Quarry
RESIDENCE	Mt Horne	RESIDENCE	Mt Horne
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Illinois	BIRTHPLACE	Mt. Horne Ld
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pillinger

Overland Bldg (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed 2/3/19 H. R. Roman Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and of each, in order of birth stated

RECORD

BIRTH

No. in

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-103-001-213

PLACE OF BIRTH

Form V.S. No. 11-C

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66458

County of Ada

City of

Registration District No. File No.

No. St.

Primary Registration District No. Registered No. 30

Hospital

FULL NAME OF CHILD Chas Edward Mathews

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	yes	2 3 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Freman Mathews	Gladys Ballenger
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	17	20
BIRTHPLACE	Boise Idaho	Fredom Utah
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) J. W. Cannon M. D.

(Physician or midwife)

Address Boise Idaho

Filed 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

SEP 19 1944

SEP 20 1944

954-121-001-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. _____ File No. 66459

Primary Registration District No. _____ Registered No. 31

FULL NAME OF CHILD Norman William Remsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Jan. 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney E Remsen	FULL MAIDEN NAME	Ruth Munson
RESIDENCE	Parma, Idaho	RESIDENCE	Parma, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 B

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 2/6 1919 L R Herman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-209-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66460

County of Ada

City of Boise

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 32

Hospital St Alphonsus

FULL NAME OF CHILD Carol Harper Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female					2 – 9 – 1919

FATHER		MOTHER	
FULL NAME	R E Nelson	FULL MAIDEN NAME	Carol Harper
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	So Carolina	COLOR	White
OCCUPATION	Salesman	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Nebraska
		OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 9 1919, at 12 P M. on the date above stated.
(Born alive or stillborn)

(Signature) Joseph R Nuckols

(Physician or midwife)

Address Boise Ida

Filed 2/10 1919 A B Foreman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-231-001-495

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 419 & 01 Lu St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66462

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 34

FULL NAME OF CHILD Ingracia Graolabeitia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		C	Jan 31 1919

FATHER		MOTHER	
FULL NAME	John Graolabeitia	FULL MAIDEN NAME	Maria Arela
RESIDENCE	Boise	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Boise Ida

Filed 2-10 1919 L. Kenmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-125551

534-226-001-342

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66463

County of Ada

City of So Boise

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. 35

Hospital St Luke

FULL NAME OF CHILD Margaret Lily ~~Margaret Lily~~ Elmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		L	Jan (Month) 26 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	C.J. Elmer	FULL MAIDEN NAME	Elizabeth ~~[illegible]~~ Cubby
RESIDENCE	So Boise	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

..... (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 2/10 1919 L. R. Thomas

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1976

267-126.001-143

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 13 07 N 11 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66464

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Bogardus	FULL MAIDEN NAME	Vivian Jaton
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Kan
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 2/10 1919 L. B. Fromm

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-104100-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66465

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 37

FULL NAME OF CHILD Earl Robert Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	Feb (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R. G. Nelson	FULL MAIDEN NAME	Mabel D. Marsh
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Clerk	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 2/10 1919 L. A. Firman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

495-208-001-281

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66466

County of Ada

City of Boise

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 38

Hospital St Lukes

FULL NAME OF CHILD Mary Beth Minden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	2 8 1919

FATHER		MOTHER	
FULL NAME	Chester C Minden	FULL MAIDEN NAME	Mary Elizabeth Shaw
RESIDENCE	Nampa	RESIDENCE	Nampa Ind.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Florist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Overland Bldg.

Filed 2/10 1914 L L Firman
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 66466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Beth Minden (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 8, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Mary Beth Minden

Subscribed and sworn to before me this 8
day of December, 1942

M Russell

Notary Public, residing at Nampa, Idaho

My commission expires Feb 28, 1945

(SEAL)

Signed Chester C. Minden

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of December, 1942

M Russell

Notary Public, residing at Nampa, Idaho

My commission expires Feb 28, 1945

(SEAL)

Signed Mary Elizabeth Minden

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

423-9th Ave N. Nampa, Ida.

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 14 1942

MAY 24 194

466-105-001-145

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66468

County of Ada

City of Boise

No. 1417 N. 14th St.

Hospital —

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 40

FULL NAME OF CHILD Henry Eugene Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 – 5 – 1919

FATHER		MOTHER	
FULL NAME	Henry Milo Moore	FULL MAIDEN NAME	Ruth Wilma Ames
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxton MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 2/18 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

652411-007-518

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 521 Union *St.*

Hospital —

Registration District No. 2 **File No.** 66469

Primary Registration District No. 1004 **Registered No.** 41

FULL NAME OF CHILD William Clair Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 — 11 — 1919

FATHER		MOTHER	
FULL NAME	Dean Harry Webb	FULL MAIDEN NAME	Marguerite A. Naylor
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Colorado
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Brattan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 2/18 1919 L R Forman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1965

FEB 9 1965

395·220·001-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Luke's

Registration District No. 2 File No. 66470

Primary Registration District No. 1004 Registered No. 48

FULL NAME OF CHILD Baby Linton,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 — 20 — 1919

FATHER		MOTHER	
FULL NAME	James C. Linton	FULL MAIDEN NAME	Vera D. La Teague
RESIDENCE	Bliss, Idaho	RESIDENCE	Bliss, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Maryland	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Thomas N. Bratton MD
(Physician or midwife)

Address Boise Idaho

Filed 2/18 1919 L P Thomas
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-208 [redacted]

No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66472

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 44

FULL NAME OF CHILD Mary Elizabeth Cowles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	9th (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Calvin Duvall Cowles, Jr.	FULL MAIDEN NAME	Mary ~~Elizabeth~~ Florence Aldenbaugh
RESIDENCE	Ft. Oglethorpe, Georgia	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Boise, Idaho
OCCUPATION	Medical Corps, U.S. Army	OCCUPATION	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/19 1919 [signature]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 22 1952

46 4-711-001259

PLACE OF BIRTH

Form V. S. No. 11-C—Rm-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. 66473

Registered No. 45

FULL NAME OF CHILD Irwin K. Dodds

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	4	Yes	2-11-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Irwin Le Claire Irwin Lt Dodds	FULL MAIDEN NAME	Mary Mary Keirnan
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ohio	BIRTHPLACE	Wisconsin
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 11:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Gunn M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Registrar

Filed 2/18 1919 L E Grimm

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH
714-213-901-559

County of Ada.

City of Boise

No. 3 005 Madison St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 66474

Primary Registration District No. 1004

Registered No. 46

Full Name of Child Bertha Ellen

SEX OF CHILD Fem	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 2 (Month) — 13 (Day) — 1919 (Year)

FATHER	MOTHER
FULL NAME Chas Gambling	FULL MAIDEN NAME Millie Neibaur
RESIDENCE Boise Ida.	RESIDENCE Boise Ida
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho.
OCCUPATION Lens grinder	OCCUPATION Housekpr

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Idaho

Filed 2/18 1919 L. P. Thomson

Registrar

Registrar

AUG 1 6 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Ada

City of Boise

No. 413 So. 5th St.

Hospital

CERTIFICATE OF BIRTH

66475

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Isidro Ocamica

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M. ?		Yes	Feb. (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Antonio Ocamica	FULL MAIDEN NAME	Anastasia Osa
RESIDENCE	Boise, Idaho	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Topaster Spain	BIRTHPLACE	Itarauguetua
OCCUPATION	Sheep man	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Collister (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/19 1919 L. R. Foman Registrar

Registrar

S-Y CO. 20174

[redacted]

CERTIFICATE OF BIRTH

4475

1904

PLACE

FATHER

BIRTH

ENCE

IN

Day) (Year)

IN ... A.D. ...

Filed ...

...LY, WITH UNFADING INK - THIS IS A PER...

464-216-001-331

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1610 N 24 St.

Hospital 1610 N 24 St

Registration District No. 2

File No. 66476

Primary Registration District No. 1004

Registered No. 48

FULL NAME OF CHILD Loraine Genevieve Dodds.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	1	Yes	2-16-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nello Dodds.	FULL MAIDEN NAME	Eula Clayton
RESIDENCE	1010 N 24	RESIDENCE	Boise Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	~~22~~ 21 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Washington
OCCUPATION	Metal Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address .....

Filed 2/20 1919 [signature]

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1943

366-115-001-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66477

County of Ada

City of Boise

No. 1913 State St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 49

FULL NAME OF CHILD Vaughan Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 - 15 - 1919

FATHER		MOTHER	
FULL NAME	A. N. Cooper	FULL MAIDEN NAME	Flora B. Tripp,
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Maine
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth seven

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 2/21 1919

L. R. Forman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-118'001-613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. —— St.

Hospital St. Luke's

Registration District No. 2

File No. 66478

Primary Registration District No. 1004

Registered No. 50

FULL NAME OF CHILD Jesse Douglas Hicks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 – 18 – 1919

FATHER		MOTHER	
FULL NAME	J. E. Hicks	FULL MAIDEN NAME	Ethel Y. Walker
RESIDENCE	May, Idaho	RESIDENCE	May, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

P. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 2/21 1919 L. P. Gorman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of 295113.001-269

City of Boise

Amended 3 4 75

Registration District No. 2

File No. 66479

No. ..... St.

Primary Registration District No. 1004

Registered No. 51

Hospital St Alphonsus

FULL NAME OF CHILD Bienapfl William

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male		11	yes	2 (Month) 13 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bienapfl Anton	FULL MAIDEN NAME	Korts Emma
RESIDENCE	near Coles School	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Austria	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genoway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 2/24 1919 L. L. Forman Registrar

S-Y-CO 38071

FEB 21 1975

3 4 75

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 4 22 PM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 66479

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for William Bienapfl (Name on Original Certificate) who was born (Was Born or Died) on 2/11/19 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	February 11, 1919	February 13, 1919

Subscribed and sworn to before me this 4 day of March, 1975

"Sue" Nora Lowe

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Susan M. Bienapfl

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4225 E Overland Rd - Meridian Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

MAR 4 1975

Certificate of Baptism St. John's Cathedral Boise, Idaho Rev. J. Verhoeven, William Phillip Bienapfl born February 13, 1919 father Antonio Bienapfl and Emma Korts. Baptized February 22, 1919.
Viewed by VS

Family Bible, Obviously old , gives name as William Philip Bienapfl born February 13, 1919. By the Family.
Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-229-001-916

PLACE OF BIRTH

County of Ada

City of Boise

No. 741 W Shinga St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

66480

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 52

FULL NAME OF CHILD GRACE VIOLA FERRELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	Yes	Jan 29 1919

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	FERRELL Farrell Henry J		Roffiety Lillian
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Salt Lake Utah
OCCUPATION	foreman Tel. line work	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Genoney

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 2/24 1919 L P Foreman

Registrar

S-Y-CO 38071

APR 28 1943

ed States
artment of Commerce
au of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Ada (b) City Boise
c) Street Address or R.F.D. No. 736 Warm Springs Ave.
d) Name of Hospital or Maternity Home: At Home
e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 24 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State 736 W.S. Ave. (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five Years.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

FULL NAME OF CHILD Grace Viola Ferrell
5. Date of Birth of Child (Month, day, year) Jan. 29th 192
Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Henry J. Ferrell
Color or Race White
12. Age at time of THIS birth 35 yrs.
Birthplace Kansas (City or town) Linc oln (State or foreign country)
Exact Occupation Electrician
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Rafferty
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace San Francisco, Calif. (City or town) (State or foreign country)
20. Exact Occupation Stenographer
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Lillian Ferrell (Mother, etc.)

Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

e of } ss.
nty of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, ve, that I am now [illegible] years of age, that I have known this person for [illegible] years, and that [illegible] (First name) [illegible] (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further e that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, Session Laws.

Lillian Ferrell Signature
Mother P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1943

(SEAL) Lee Estes, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

247-16-00-169

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66481

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 53

FULL NAME OF CHILD Robert James Sugden, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2-16-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. J. Sugden	Gladys E. Jardy
RESIDENCE	Boise, Idaho	Boise, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Kansas	Colorado
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 p. M. on the date above stated.

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 2/25 19 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1948

168-221-001-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66482

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2 File No. [illegible]

Primary Registration District No. 1004 Registered No. 54

FULL NAME OF CHILD Dorothea Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 – 21 – 1919

FATHER		MOTHER	
FULL NAME	E. Roy Johnson	FULL MAIDEN NAME	Olmeta F. Mills
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7^05 a. M. on the date above stated.

(Signature) T. N. Brattan M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 2/25 1919 L. F. Lyman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1942

319-220-00-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF ~~VITAL~~ STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 15th & River St.

Hospital

Registration District No. 2

File No. 66486

Primary Registration District No. 1004

Registered No. 59

FULL NAME OF CHILD Pearl Larson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		2	yes	2 - 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Larson	FULL MAIDEN NAME	Myrtle Bunegar
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Norway	BIRTHPLACE	Salt Lake
OCCUPATION	O.S.L. R.R.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 Mo East Blvd

Filed 2/26 1919 L B Thorman

Registrar

OCT 2 1 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 20 2 39 PM '77

State of Idaho
County of Ada } ss.

Certificate No. 66486

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Infant Larson (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Pearl Irene Larson

Subscribed and sworn to before me this 16th day of October, 1977

Notary Public, residing at Boise Idaho
My commission expires 1-17-78
(Seal)

Signed Myrtle A Emerson
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

865 Rose St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/21/75

Student's certif for the Palmer Method of Business Writing gives name as Pearl Larson. dated May 26, 1932. viewed by V. S.

NOV 30 1977

The American National Red Cross certif of Home Hygiene and Care of th Sick gives name as Pearl Larson. dated March 18, 1932. viewed by V. S.

291-127.00-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 811 Franklin St.

Hospital

Registration District No. 2 File No. 66487

Primary Registration District No. 1004 Registered No. 60

FULL NAME OF CHILD Infant Bradford Lawrence Clayton Bradford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	0		5	yes	2 - 27 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank P Bradford	FULL MAIDEN NAME	Annie A Bosworth
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 McCarty Bldg

Filed 2/26 1919 L P Ferman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1972

SEP 21 1954

962-219100-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66488

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 61

FULL NAME OF CHILD Wilma Viola Robison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Feb. 19 1919

FATHER		MOTHER	
FULL NAME	Dewy Robison	FULL MAIDEN NAME	Pearl Marie Gilbert
RESIDENCE	1017 Ressigue	RESIDENCE	1017 Ressigue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ore	BIRTHPLACE	Ida
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 2/26 1919 L. P. Ferman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-119-001-855

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 803 N. 19 - St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66489

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 62

FULL NAME OF CHILD Joseph Burton Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 19 - 1919

FATHER		MOTHER	
FULL NAME	W. S. Shaw	FULL MAIDEN NAME	Pearl ~~X~~ Genevieve Hennessy
RESIDENCE	803 N 19 -	RESIDENCE	803 N. 19 -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ore	BIRTHPLACE	Io -
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 12.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 2/26 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

54X-218'00-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66491

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 64

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Feb. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. H. Eddy	FULL MAIDEN NAME	Zella M. Groesbeck
RESIDENCE	Franklin School District	RESIDENCE	Franklin School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Stonecutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

..... 19.....

Filed 2/26 1919 L. R. Herman

Registrar Registrar

249-115-001-259

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke's

Registration District No. 8

File No. 66492

Primary Registration District No. 1004

Registered No. 64

FULL NAME OF CHILD ~~Infant~~ Burchall Robert William

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	S	2	yes	Feb 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R S Burchall	FULL MAIDEN NAME	Madeline Bekins
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1254 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 303 McCarty Blvd

Filed 2/26 1919 [illegible] Firman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 66492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Infant Burchall (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 15, 1919 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted Burchall	Robert William Burchall

Subscribed and sworn to before me this 9th
day of June, 1942.
M. L. Hart
Notary Public, residing at Boise
My commission expires Feb 17, 1946
(SEAL)

Signed Madeline Burchell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

OCT 5 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

129.001-795

PLACE OF BIRTH

Ada

Barber

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66493

Registration District No. 8 File No. .....

Primary Registration District No. 2024 Registered No. 5

FULL NAME OF CHILD Dustin Paul Beebe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	0	2	yes	Jan 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl F Beebe	FULL MAIDEN NAME	Phyllis M Greenwood
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	England
OCCUPATION	Millwright	OCCUPATION	House, wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 543 McCarty Blvd

Filed 2/3 1919 [signature]

Registrar

Registrar

FEB 20 1962

FEB 8 1968

FEB 8 1952

331-289-001-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66494

County of Ada

City of Boise

No. Rose Hill St.

Registration District No. 8

File No.

Primary Registration District No. 2074

Registered No. 6

Hospital

FULL NAME OF CHILD Ida Marie Clauson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
f	0	1	yes	Jan 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas W Clauson	FULL MAIDEN NAME	Ida C McClure
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address 303 McCarty Bldg.

Filed 2/3 1919 L P Brennan

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OK

MAR 16 1956

PLACE OF BIRTH

238-120-00-994 AMENDED 5-28-48

County of Ada

City of Boise, Rt 3

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 66495

Primary Registration District No. 2004 Registered No. 7

FULL NAME OF CHILD Chas William Schweizer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 20, 1919

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Emil Schweizer	FULL MAIDEN NAME: Louise Zruge
RESIDENCE: Boise, Rt 3	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Prussia
OCCUPATION: Mill hand	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. J. Pond, M. D.

(Physician or midwife)

Address 315 Overland Bldg

Filed 2-3-19 192 L. R. Peferman

Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 2006

AUG 10 2006

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 66495

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Schweitzer	Schweizer

Subscribed and sworn to before me this 25th day of May, 1948.

Charles W. Schweizer

Notary Public, residing at Boise, Idaho

My commission expires April 1, 1950

(Seal)

Signed Emil Schweizer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R#1 Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1948.

Charles W. Schweizer

Notary Public, residing at Boise Idaho

My commission expires April 1, 1950

(Seal)

Signed Emil Schweizer
(Signature of Any Credible Person)

R#1 Boise
(Street Address, City, State)

FEB 9 1955

434-227-001-366

PLACE OF BIRTH

[redacted]HO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66496

County of Ada

City of Boise

~~No.~~ South Boise ~~St.~~

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 8

Hospital

FULL NAME OF CHILD Marjorie Gail McDonald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	D. J. McDonald	FULL MAIDEN NAME	Anna Bertha Coonrad
RESIDENCE	Portland, Ore.	RESIDENCE	Portland, Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	South Boise	BIRTHPLACE	Colorado
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

Filed 2/6 1919 L. R. Herman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-204-001-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. White Cross School

Registration District No. 8

Primary Registration District No. 2007

File No. 66497

Registered No. 9

Hospital

FULL NAME OF CHILD Gladys Elliott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		L	Feb 4 1919

FATHER		MOTHER	
FULL NAME	Wm M. Elliott	FULL MAIDEN NAME	Florance M. McClung
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Kansas	BIRTHPLACE	Ia.
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bosch

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Ida

..... 19.....

Filed ..... 19.....

Registrar

Registrar

815-206-00-693

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Uslic School House St.

Registration District No. 8

File No. 66498

Primary Registration District No. 2004

Registered No. 10

Hospital

FULL NAME OF CHILD Hazel Lucile Willingshoi Willingshoi Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		L	Feb 6 1919

FATHER		MOTHER	
FULL NAME	Christian Hansen	FULL MAIDEN NAME	Wilhelmina Willingshoi
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ada

Filed 2-10 1919 L. Bowman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

366-113-001-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ 5 mi. W. Boise

Hospital —

Registration District No. 8

File No. 66499

Primary Registration District No. 2004

Registered No. 11

FULL NAME OF CHILD Charles Lorance Lowery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 - 13 - 1919

FATHER		MOTHER	
FULL NAME	E. R. Lowery	FULL MAIDEN NAME	Laura Cortner
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Tenn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 2/21 1919 L. O. Jimmer
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 19

DEC 2 194

655-113-001-199

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66500

County of Ada

City of Barber

No. ..... *St.*

Hospital .....

Registration District No. 8 — File No. .....

Primary Registration District No. 2004 — Registered No. 12

FULL NAME OF CHILD Pedro Jose Onederra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Domingo Onederra	FULL MAIDEN NAME	Josefa Arriola
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2/20 1919 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1941

437-204-025-958

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66502

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 1007 Registered No. 14

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			yes	Feb 4 1919

FATHER		MOTHER	
FULL NAME	Clark McGaffey	FULL MAIDEN NAME	Tot Reynolds
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) P J Scallon
(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Mch 3 19 19 G S Stockton
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC

958-128-225-565

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66503

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 12

FULL NAME OF CHILD EVERETT CAROLL REYNOLDS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	3	Yes	Feb 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Reynolds	FULL MAIDEN NAME	Carrie Vonhoen
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wisconsin
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Callon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Id.

..... Registrar

Filed Mch 3 1919 G. S. Stockton Registrar

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 66503

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Everett Caroll Reynolds (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb.18th 1919 (DATE OF EVENT)
in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb.18th 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Reynolds	Everett Caroll Reynolds
Everett Caroll Reynolds		

Subscribed and sworn to before me this 25th
day of Feb., 1942

Signed Frank Reynolds
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Grangeville, Idaho

My commission expires Nov.14th 1944
(SEAL)

Grangeville, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of Feb., 1942

Signed Hard B. Van Hart
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Grangeville, Idaho

My commission expires Nov. 14th 1944
(SEAL)

Grangeville, Idano
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 27 1942 By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-217-025-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103

Primary Registration District No. 1001

File No. 66504

Registered No. 11

FULL NAME OF CHILD Happy Rauch

Sex of Child 7

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. F. Rauch	FULL MAIDEN NAME	Mary L Shearer
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Grangeville Ida

Filed Mch 1 1919 G S Stockton Registrar

9 13 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 13 10 58 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66504

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rauch (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1919 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Happy Rauch

Subscribed and sworn to before me this 13 day of Sept, 1972

Bruce A. Montgomery
Notary Public, residing at Notary Public
My commission expires Residing Boise, Idaho
(Seal) My commission expires 11-20-74

Signed Gene W Vale Oder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14051 Charlousa Dr Tustin Calif 92680
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

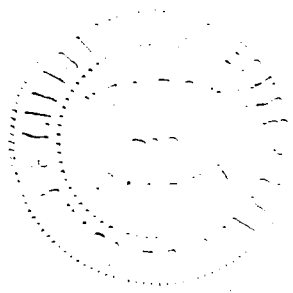
SEP 13 1972

Marriage Certificate State of Oregon County of Josephine Grants Pass, Oregon dated August 5, 1950 Herbert Harold Kester and Happy Rauch.

Viewed By VS

Grant Deed, Orange County Title Company , Santa Ana, California .
Leonard L. Nagel to Happy Rauch April 29, 1947 Order No. 18493
Grant Deed no Lots 38- 39 - and 40 Block A of Tract No 546- Book 21 page 35 of Misc. Maps, Record of Orange County, CA.

Viewed by VS



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-12-025-695

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 66505

Primary Registration District No. 2181 Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	2	Yes	Feb. 12 1919

FATHER

FULL NAME Henry F. Bender

RESIDENCE Grangeville Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Minn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stella E. Hirsch

RESIDENCE Grangeville Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mont.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 12:30 p. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Mch 3 1919 G. D. Blackburn Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-165-025-331

PLACE OF BIRTH

County of Idaho

City of Idaho Co

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-3-8-17

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 66506

Primary Registration District No. 2181 Registered No. 10

FULL NAME OF CHILD Thurdure Clark Carpenter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 15 1919

FATHER		MOTHER	
FULL NAME	Wm Fredrick Carpenter	FULL MAIDEN NAME	Bernice Clark
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 05 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mch 1 1919 G. D. Stockton Registrar

MAY 8 1942

JAN 3 0 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
993209-025-231 AMENDED
County of Idaho 12-5-51
City of Mountain Idaho
No. ____ St.
Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 66507
Primary Registration District No. 2181 Registered No. 9

FULL NAME OF CHILD Katherine Aldine Richards
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Feb. 8, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Fred Carl Richards	FULL MAIDEN NAME: Rosie Blankenship
RESIDENCE: Mt. Idaho	RESIDENCE: Mt. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Heldrungen, Germany	BIRTHPLACE: West Virginia
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

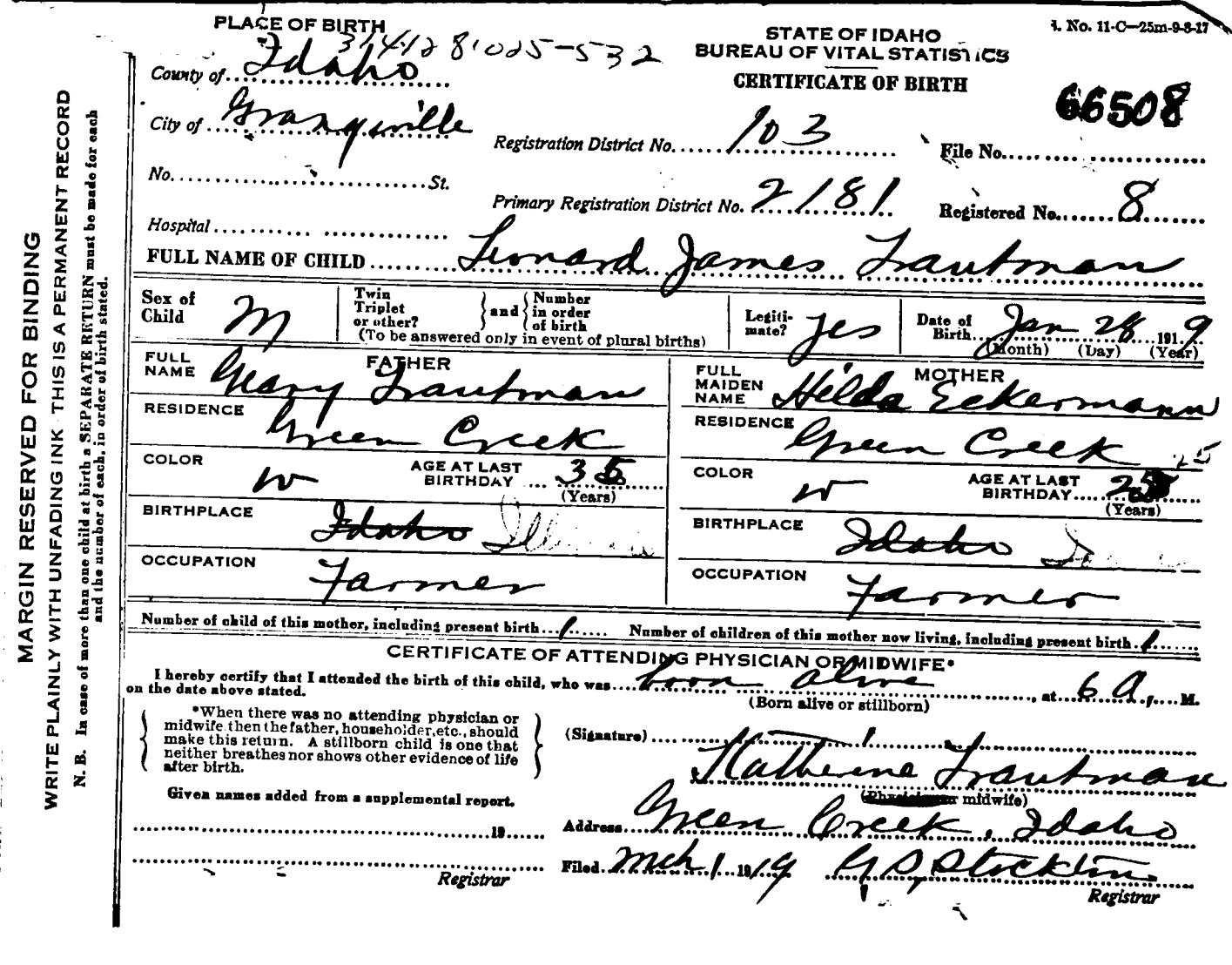
Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) G. S. Stockton
(Physician or midwife)
Address Grangeville, Idaho

Filed 3-1-1919 192.. G. S. Stockton
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 3141281025-532

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66508

County of Idaho

City of Grangeville

Registration District No. 103

File No.

No. St.

Primary Registration District No. 2181

Registered No. 8

Hospital

FULL NAME OF CHILD Leonard James Trautman

Sex of Child M

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geary Trautman	FULL MAIDEN NAME	Hilda Eckermann
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	~~Idaho~~ [illegible]	BIRTHPLACE	Idaho [illegible]
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Katherine Trautman (~~Physician or~~ midwife)

Given names added from a supplemental report.

Address Green Creek, Idaho

19

Registrar

Filed Mch 1 1919 G. S. Stockton Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 18 1940

STATE OF Idaho)
) SS.
COUNTY OF Idaho)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mrs Geary Trautman of Ferdinand Idaho

Being first duly sworn, deposes and says that she is Mother (if related, specify degree, if friend or otherwise, so state) of Leonard James Trautman who was born (was born, died) in the city of Grangeville, County of Idaho on the ~~1st~~ 28 day of January, 19 19, as stated in a certificate of birth or death filed by Katherine Trautman, midwife (name of physician or midwife, or undertaker for death) with the Local Registrar for the city of Grangefille, County of Idaho Idaho, on the 1st day of March 1919.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Age of Father: 36

Age of Mother: 28

Birthplace of Father: Idaho

Birthplace of Mother: Idaho

That affiant upon ~~his~~, her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Age of Father: ~~4~~ 35 Birthplace of Father: Illinois

Age of Mother: 25 Birthplace of Mother: Iowa

(Seal)

Affiant Mrs. Geary Trautman

Address Ferdinand Idaho

Subscribed and sworn to before me this 16th day of May 1940

J. Gilbert.

~~Notary Public~~
JUSTICE OF THE PEACE
Cottonwood Precinct, Idaho County, Idaho

STATE OF Idaho)
) SS.
COUNTY OF Idaho)

Mrs. Geary Trautman of Ferdinand. Idaho

being first duly sowrn, deposes and says that She has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs. Geary Trautman

Address Ferdinand Idaho

Subscribed and sworn to before me this 16th day of May 1940

(Seal)

J. Gilbert.

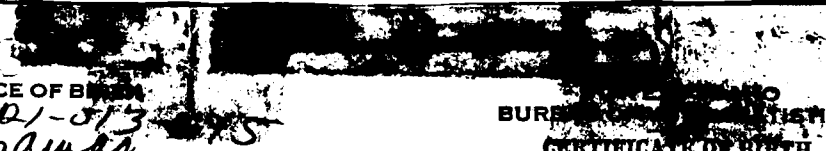
~~Notary Public~~
JUSTICE OF THE PEACE
Cottonwood Precinct, Idaho County, Idaho

VS 44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

864-201-513-[illegible]

County of Camas

City of Soldier

No. ..... St.

Hospital .....

BUR[illegible]TISTICS

CERTIFICATE OF BIRTH

66509

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... JANE YOUNG

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Feb 21st 1919

FATHER		MOTHER	
FULL NAME	Don P. Young	FULL MAIDEN NAME	Greeta Brundy
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier, Ida
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

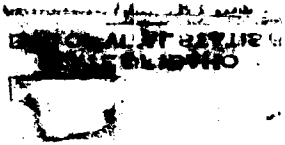
Address Fairfield Ida

Filed Feb 1919 L. Wilencheck

Registrar

Registrar

K



SEP 21 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canas } ss.

Certificate No. 66509

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jane Young (Name on Original Certificate) who Born (Was Born or Died) on Feb 21 — 1919 (Date of Event)
in Soldier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Watterwood (Bible Record, Insurance Policy, Etc.) prepared on March 15 / 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jane Young

Subscribed and sworn to before me this 28th
day of August, 1943.

(COUNTY COURT)
Notary Public, residing at Fairfield Idaho
My commission expires January 14, 1947.
(Seal)

Signed Mrs Greeta Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canas } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of August, 1943.

Notary Public, residing at Fairfield, Idaho
My commission expires
(Seal)

S. W. STRUBLE
NOTARY PUBLIC FOR IDAHO
FAIRFIELD, IDAHO
My commission expires April 6, 1946

Signed John Edwards
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1 1943

635-112 [redacted]

PLACE O[redacted]

001-415 [redacted]

No. 11-C—25m-9-8-15

66526

County of Ada

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 2

File No. ~~66526~~

No. _____ St.

Primary Registration District No. 1004

Registered No. 58

Hospital St Alphonsus

FULL NAME OF CHILD Daniel Steen Fletcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			2 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Steen Fletcher	FULL MAIDEN NAME	Marie Davis.
RESIDENCE	1705 Rossigue	RESIDENCE	1705 Rossigue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Gasoline Wholesaler	OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill N.H.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 2/26 1919 L. R. Forman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 66526

Date Filed Feb. 26, 1919

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Daniel Steen Fletcher

Subscribed and sworn to before me this 7th day of October 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed R. K. Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

MAY 1 3 1971

OCT 7 1968

249-116-001-613

PLACE OF BIRTH

County of Ada

City of Boise

No. 1500 Resigue St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 66527

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edward Coke Burtenshaw

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		1st	yes	Feb 16 1919

FATHER		MOTHER	
FULL NAME	Edward Coke Burtenshaw	FULL MAIDEN NAME	Alice Valdahl
RESIDENCE	Bonn Co. A-3-47 M.G.B.H. Deceased. 97st Div. A.E.F.	RESIDENCE	Boise Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Myrtle Point Oregon	BIRTHPLACE	Cloverdale Cal.
OCCUPATION	Lawyer.	OCCUPATION	School Teacher

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard E Shurtz M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida.

Registrar

Filed 3/12 1919 L. P. Hirman
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

629-101-003-436

PLACE OF BIRTH

County of Bannock

City of N. Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66535

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2191

FULL NAME OF CHILD Edward O'Bryan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 1 1919

FATHER

FULL NAME Thomas R. O'Bryan

RESIDENCE 1701 Taft

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Missouri

OCCUPATION Engineer O&L

MOTHER

FULL MAIDEN NAME Elizabeth McWilliams

RESIDENCE 1701 Taft

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. J. Smith (Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 10 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-106-003-165

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66536

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2192

FULL NAME OF CHILD Edwin John Wall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Jan 6 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Charles Owen		Elizabeth Jones	
RESIDENCE	1312 N. 2nd	RESIDENCE	1312 N 2nd
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer & Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Smith

Pocatello
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10, 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-106-003-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1312 N. 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[redacted]

CERTIFICATE OF BIRTH

66537

Registration District No. 84

File No. 45

Primary Registration District No. 2161

Registered No. 2193

FULL NAME OF CHILD Edward Wall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles C. Wall	FULL MAIDEN NAME	Elizabeth Jones
RESIDENCE	1312 N. 2nd	RESIDENCE	1312 N. 2nd
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer & Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Feb 4, 1919 O. B. Sheely

Registrar

Registrar

658-107-003-274

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 618 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66538

Registration District No. 84 File No. 43

Primary Registration District No. 2161 Registered No. 2174

FULL NAME OF CHILD Oliver Herman Fehrt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 7 1919

FATHER		MOTHER	
FULL NAME	Charles F. Fehrt	FULL MAIDEN NAME	Neva Blue
RESIDENCE	618 N. Main	RESIDENCE	618 N. Main
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Boilermaker Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. P. J. Smith

(Physician or midwife)

Address Pocatello Idaho

Filed Feb 4 1919

O. B. Steed Registrar

JUL 2 8 1942

864-207-003-693

Form V. S. No. 11-C—2m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66539

Registration District No. 84 File No. 43

Primary Registration District No. 2161 Registered No. 2195

FULL NAME OF CHILD Rose Hodges

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Jan 7 1919

FATHER		MOTHER	
FULL NAME	Herman W. Hodges	FULL MAIDEN NAME	Cora Jane Williams
RESIDENCE	858 N. 10th	RESIDENCE	858 N. 10th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Loc. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Jan 10, 1919 O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-216-003-229

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66540

County of Bannock

City of Pocatello

Registration District No. 84

File No. 45

No. ..... St.

Primary Registration District No. 2161

Registered No. 2196

Hospital .....

FULL NAME OF CHILD Martha Katherine McNamara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Jan 16 1919

FATHER		MOTHER	
FULL NAME	Roy McNamara	FULL MAIDEN NAME	Kate Skillern
RESIDENCE	Rogerson, Ida	RESIDENCE	Rogerson, Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Tennessee
OCCUPATION	Sheepman & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Smith (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 4, 1919 O B Steely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1958

OCT 1 1958

128-216-003-238

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Bannock

City of N. Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 66541

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2197

FULL NAME OF CHILD Lilian Ashcraft

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 16 1917

FATHER

FULL NAME: Wm H. Ashcraft

RESIDENCE: 1786 Wilson

COLOR: W AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Coppersmith

MOTHER

FULL MAIDEN NAME: Lilian Scheu

RESIDENCE: 1786 Wilson

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. P. Smith

(Physician or midwife)

Address Pocatello Idaho

Filed Feb 4 1917 O. B. Greene Registrar

335-117-003-459

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 So. 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66542

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2198

FULL NAME OF CHILD Richard Earl Clezie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William L. Clezie	FULL MAIDEN NAME	Mary Meitzenheimer
RESIDENCE	646 So 3rd	RESIDENCE	646 S. 3rd
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed Feb 4, 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1943

313-117-003-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66543

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2199

FULL NAME OF CHILD Earl Clayton Callen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Earl Callen	FULL MAIDEN NAME	Belva Davis
RESIDENCE	951 N. Arthur	RESIDENCE	951 N. Arthur
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Riptrack Ooh	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 4, 1919 O. B. Steele Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 25, 1940.

243-219-003 -533

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66544
Local Reg. No.
Reg. Dist. No. 84

Amended 7/12/77

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: North Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: 1725 Taft
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Pearl
b. (Middle): Cathrine
c. (Last): Bullock

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Jan. 19, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Nathan
b. (Middle): J.
c. (Last): Bulluck

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle):
c. (Last): Ellis

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith
19. ADDRESS: Pocatello, Idaho
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb 4, 1919
22. REGISTRAR'S SIGNATURE: O. B. Steely
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a ~~standard~~ serological ~~test for syphilis~~ performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 9:20 P.M~~+~~
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO ~~INFANT~~
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 23 3 29 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 66544

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roberta Bullock (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Roberta Bullock	Pearl Cathrine Bullock

Subscribed and sworn to before me this 20th day of June, 1977.

Notary Public, residing at Post Falls
My commission expires Nov 77
(Seal)

Signed Grace Bullock Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

341 Richland Ave, POC, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 12/13/76 [redacted] / cc pd

Certif of Blessing from the LDS Church gives name as Pearl Cathrine Bullock daughter of Nathan Bullock and Safrona Ellis. born Jan 19, 1919 at Pocatello, IDaho. Blessed Aug 3, 1919. viewed by V. S.

Certif of Baptism and ~~Conf~~ Confirmation frommthe LDS Church gives name as Pearl Catherine Bullock daughter of Nathan Bullock and Emma Saphrona. born Jan 19, ~~1922~~ 1919 at Pocatello, Idaho. Baptized Dec 4, 1927. viewed by VS

319-118-003-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
Bannock

County of .....

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-37

CERTIFICATE OF BIRTH

66545

Registration District No. 84

File No. 45

Primary Registration District No. 2161

Registered No. 2201

FULL NAME OF CHILD Charles Steeley Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles A. Carlson	FULL MAIDEN NAME	Josephine Hadley
RESIDENCE	624 E. Whitman	RESIDENCE	624 E. Whitman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Clifton. Idaho	BIRTHPLACE	Swan Lake Ida
OCCUPATION	Asst. Chf. Car Insp.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Jan 21, 1919 O B Steely

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BANNOCK } ss.

Certificate No. 66545

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Steeley Carlson (Name on Original Certificate) who was born (Was Born or Died) on January 18,1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 19,1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Charles Steeley Carlson

Subscribed and sworn to before me this 15th
day of May, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires Jan.25,1945
(Seal)

Signed Ellen Z Accardo (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

624 E.Whitman,Pocatello,Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BANNOCK } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of May, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires Jan.25,1945.
(Seal)

Signed Violet Hadley
(Signature of Any Credible Person Other Than Previous Year)

1425 NO.Garfield,Pocatello,Idaho
(Street Address, City, State)

MAY 19 1942

SEP 1 8 1968

362-202-003-452

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66547

County of Bannock

City of Pocatello

No. 620 N. 6th Ave.

Hospital Home

Registration District No. 84

File No. 45

Primary Registration District No. 2161

Registered No. 2203

FULL NAME OF CHILD Nylia Cosci

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jan. 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Cosci	FULL MAIDEN NAME	Isabel De Sant
RESIDENCE	620 N. 6th Ave.	RESIDENCE	620 N. 6th Ave
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address 905 S. Main St.

Registrar

Filed Feb 10, 1919

O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666110-003-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66548

County of Bannock

City of Pocatello

No. 111 Wayne St.

Hospital

Registration District No. 84 File No. 43

Primary Registration District No. 2161 Registered No. 2204

FULL NAME OF CHILD Ralph Martin Woody

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jan 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer Woody	FULL MAIDEN NAME	Clara Adams
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Fairview, Okla	BIRTHPLACE	Scammonville, Kans
OCCUPATION	Machinist	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Feb 26, 1919 P K Steel

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1969

JUN 6 1942

49-3-210-003-065

PLACE OF BIRTH

Form V. S. No. 11-C—25m 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66549

County of Bannock

City of Pocatello

Registration District No. 84 File No. 45

No. _____ St.

Primary Registration District No. 2161 Registered No. 2205

Hospital _____

FULL NAME OF CHILD ~~No Name~~ Barbara Dawn Miley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Miley	FULL MAIDEN NAME	Isabel Bonner
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Registrar

Filed Feb 12, 1919 P. B. Lee Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66549

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Miley (Name on Original Certificate) who born (Was Born or Died) on Jan. 10, 1919 (Date of Event)

in Bannock Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by #360793 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Marriage License SLC, Utah - Feb. 9, 1939 -	viewed by vital stat.
Child's Name	Unnamed Miley	Barbara Dawn Miley

Subscribed and sworn to before me this 9 day of January, 1958

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed E H Miley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 C East Idaho St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of January, 1958

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Isobel B. Miley
(Signature of Any Credible Person)

114 E. Idaho Boise Ida
(Street Address, City, State)

K

FORM DPH 55.155

1958

APR 1 8 1995

966-211-003-493

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66550

County of Bannock

City of Pocatello

No. 1705 No Main St.

Registration District No. 84 File No. 45

Primary Registration District No. 2161 Registered No. 2206

Hospital

FULL NAME OF CHILD Madeline Lois Rowland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Jan (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Nelson Rowland	FULL MAIDEN NAME	Stella M. Mills
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Hutchinson, Kans
OCCUPATION	Air Brake Insp. R.R	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed Feb 26, 1919 P B Steele

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-113-003-669

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 758 N. 7th Ave.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66551

Registration District No. 84

File No. 45

Primary Registration District No. 2161

Registered No. 2207

FULL NAME OF CHILD Paul Lanzarotti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Angelo Lanzarotti	FULL MAIDEN NAME	Pali Fortunata
RESIDENCE	758 N. 7th Ave.	RESIDENCE	758 N. 7th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address 905 So. Main St

Registrar

Filed Feb 10, 1919

O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1943

319-114-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66552

County of Bannock

City of Pocatello

No. 424 So. Main St.

Hospital Home

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2208

FULL NAME OF CHILD Charles Preston Larks Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Preston Larks	FULL MAIDEN NAME	Emily Smith
RESIDENCE	424 So. Main	RESIDENCE	424 So. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Elko, Nevada
OCCUPATION	Printer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 905 So. Main St.

Filed Feb 10, 1919

J. B. Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

69X-215-003-815

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 438 So. 5th Ave. St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

66553

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2209

FULL NAME OF CHILD Mary Esther Ormond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Cornish Ormond	FULL MAIDEN NAME	Zetta Ann Handcock
RESIDENCE	438 So. 5th Ave.	RESIDENCE	438 So. 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Cove Utah	BIRTHPLACE	Burrville, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address 905 So. Main St.

Registrar

Filed Feb 10, 1919

O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 1968

593-117-003-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66554

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony's

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2210

FULL NAME OF CHILD Lynn Albert Eichelberger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jany 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Carl Eichelberger	FULL MAIDEN NAME	Frances Eliz Mock
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Winter Road, Ill
OCCUPATION	Boiler - Mkn Helper	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 26, 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-218-003-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66555

County of Bannock

City of Pocatello

Registration District No. 84 File No. 46

No. ..... St.

Primary Registration District No. 2161 Registered No. 2211

Hospital St. Anthony's

FULL NAME OF CHILD Dorothy Lynn Calloway

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Jan 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Milton Calloway	FULL MAIDEN NAME	Gertrude Murphy
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Orangeville, Ut	BIRTHPLACE	Mansfield, La
OCCUPATION	Telegraph Opr.	OCCUPATION	Hill

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Idaho

Filed Feb 26, 1919 O B Steele Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 66555

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Jan. 18, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dorothy Lynn Calloway

Subscribed and sworn to before me this 11th
day of October, 1944
Em. Ghiglieri
Notary Public, residing at Piedmont, California
My commission expires Sept. 24-1945
(Seal)

Signed Lena Gilliam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3030 Telegraph Avenue
Oakland, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of October, 1944
Em. Ghiglieri
Notary Public, residing at Piedmont, California
My commission expires Sept. 24-1945
(Seal)

Signed Helen Harvey
(Signature of Any Credible Person Other Than Previous Year)
3030 Telegraph Ave, Oakland Calif.
(Street Address, City, State)

815-225-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66556

County of Bannock

City of Pocatello

No. 726 W. Whitman St.

Hospital Home

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2212

FULL NAME OF CHILD Gertrude Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Brant Hancock	FULL MAIDEN NAME	Amy Ann Smith
RESIDENCE	726 W. Whitman	RESIDENCE	726 W. Whitman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Turner Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St.

19

Filed Feb 19 1919

O. P. Kiley
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-226-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66557

County of Bannock

City of Pocatello

No. 147 N. Garfield St.

Hospital

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2213

FULL NAME OF CHILD Eldeen Cawley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem		yes	Jan (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Cawley	FULL MAIDEN NAME	Caroline E. Hauser
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Topeka Kans	BIRTHPLACE	Blakeslee, Ohio
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed Feb 1, 1919

O. B. Steely
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-0-127-003-253

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66568

County of Bannock

City of Pocatello

Registration District No. 84 File No. 46

No. ..... St.

Primary Registration District No. 2161 Registered No. 2214

Hospital .....

FULL NAME OF CHILD George H. Dimick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Dimick	FULL MAIDEN NAME	Jane Kellow
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3-5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 10, 1919 O B Steely
Registrar

S-Y CO. 24655

7-10-41

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Dimmick, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Harold Dimick (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ (If now deceased (or) cannot be located) and that this birth has not been previously recorded.

This affidavit made to correct spelling of certificate now filed.

Signature George Dimmick

P. O. Address Boise Idaho

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL) Willis Mitchell Notary Public, residing at Boise Idaho

JUN 13 1957

993-229-003-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 439 S. Arthur St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

66559

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2215

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem		yes	Jan 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Richter	FULL MAIDEN NAME	Alma C. Irene Bergstrom
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canby Oregon	BIRTHPLACE	Cable, Ill
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 10, 1919 O. B. Steely

Registrar

Registrar

213-130-003-326

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66560

County of Bannock

City of Pocatello

No. 542 East Center

Hospital Home

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2216

FULL NAME OF CHILD James G. Katsilometes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan. (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Katsilometes	FULL MAIDEN NAME	Anestaca Tsoung
RESIDENCE	542 East Center	RESIDENCE	542 East Center
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Merchant	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address 905 So. Main St.

19

Filed Feb 10 1919 O B Dicey

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-230-003-914

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66561

County of Bannock

City of Pocatello

No. 1127 So 4th St.

Registration District No. 84 File No. 446

Primary Registration District No. 2161 Registered No. 2217

Hospital

FULL NAME OF CHILD Roberta Marie Kearns

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 30 1919

FATHER		MOTHER	
FULL NAME	Jas. Edw. Kearns	FULL MAIDEN NAME	Vera May Ramsey
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Marshalltown, Ia	BIRTHPLACE	Ord, Nebr.
OCCUPATION	Employee Pacific Fruit Exp. Co	OCCUPATION	N.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle MD
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 26, 1919 O. B. Steele
Registrar

9-Y-CO 28071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 19

NOV 3

342-231-003-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66562

County of Bannock

City of Pocatello

Registration District No. 84 File No. 46

No. ..... St.

Primary Registration District No. 2161 Registered No. 2218

Hospital .....

FULL NAME OF CHILD Fern Marie Lushinsky

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	1/31/1919

FATHER		MOTHER	
FULL NAME	Herbert Lushinsky	FULL MAIDEN NAME	Marie Petersen
RESIDENCE	453 N Grant	RESIDENCE	453 N Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebraska	BIRTHPLACE	Denmark
OCCUPATION	Engineer OSL	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. J. Smith (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed Feb 12 1919 J. P. Bliss Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-10F [redacted]

003-319 PLA[redacted]

Form V. S. No. 11-C—[redacted]-1-1-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66563

County of Bannock

City of Pocatello

Registration District No. 84

File No. 46

No. ..... St.

Primary Registration District No. 2161

Registered No. 2220

Hospital St Anthony

FULL NAME OF CHILD ~~No Name~~ Kenneth Roy Bagley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Bagley	FULL MAIDEN NAME	Elsie Tarr
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 10 1919 O B Steely Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

893-206 [redacted]

PLACE OF [redacted]

[redacted]

IT-C—25m-9-8-15

County of Latah

City of Genesee

Registration District No. 62

File No. 66564

No. _____ St.

Primary Registration District No. 2142

Registered No. 1

Hospital _____

FULL NAME OF CHILD Harriett Irene Hilman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Hilman	FULL MAIDEN NAME	Johnson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N H	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Morry

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

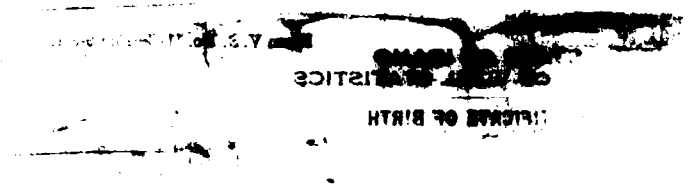
Filed 2-14 1919 W. N. Ehem Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 1 9 1974

292-202.003-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 66565

County of Bannock

City of Pocatello

No. 840 E Lander St.

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2221

Hospital

FULL NAME OF CHILD Addie Pauline Bisthine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Feb 2 1919

FATHER		MOTHER	
FULL NAME	Paul Bisthine	FULL MAIDEN NAME	Grace Farr
RESIDENCE	840 E Lander	RESIDENCE	840 E Lander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Clerk in Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed Feb 12 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1949

493-205-003-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66566

County of Bannock

City of Pocatello

Registration District No. 4

File No. 46

No. ..... St.

Primary Registration District No. 216

Registered No. 2222

Hospital .....

FULL NAME OF CHILD Gail Milliken

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 5 19

FATHER		MOTHER	
FULL NAME	George A Milliken	FULL MAIDEN NAME	Sallie Grace Wright
RESIDENCE	1525 Taft	RESIDENCE	1525 Taft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Nebraska
OCCUPATION	Car Inspector RR	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Smith (Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 12 19 19 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Order No.....

A F F I D A V I T

TO WHOM IT MAY CONCERN:

STATE OF IDAHO)
)SS
COUNTY OF BANNOCK)

SALLIE GRACE MILLIKEN, being first duly sworn upon oath, deposes and says:

That her maiden name was and is Sallie Grace Wright;

That she joined in wedlock with one George Hudson Milliken on November 27, 1905 at Lincoln, Nebraska and has ever since been and now is the wife of said George Hudson Milliken; and that she resides at 32 Hawthorne Street, West Pocatello, Idaho;

That she is the natural child of William Quimby Wright, now deceased and Mary Frances Lamb Wright, now deceased.

Further affiant saith not.

Sallie Grace Milliken

Subscribed and sworn to before me this 5th day of November A. D. 1941.

Clyde Bowen
Notary Public for Idaho
Res: Pocatello, Idaho

My commission expires March 13, 1942.

292-206-003-

[redacted]

Form [redacted] No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bann[redacted]

City of Pocatello

No. 525 W. Lander St.

Hospital

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2223

FULL NAME OF CHILD VOLA GAE BISHOP

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem		yes	Feb 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Milo Bishop	FULL MAIDEN NAME	Sadie Etta Hawk
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Deseret, Utah	BIRTHPLACE	Jefferson Co Kans
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Feb 12, 1919 O B Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6651

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 6567
County of BANNOCK } Date Filed SEP 14 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for VOLA GAE BISHOP (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on 6 FEB 1919 (DATE OF EVENT)
in POCATELLO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Vola Gae Bishop

Subscribed and sworn to before me this 12th
day of September, 1942.
Fred J. Turner
Notary Public, residing at Pocatello, Idaho.
My commission expires Oct. 16th 1944.
(SEAL)

Signed Sadie Hawk Bishop Mother.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1045 N. Lincoln Ave. Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of September, 1942.
Fred J. Turner
Notary Public, residing at Pocatello, Idaho.
My commission expires Oct. 15th 1944
(SEAL)

Signed E. H. Cutler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
R.F.D. #1 North Pocatello, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 15 1944

OCT 31 1944

562-208-003-355

PLACE OF BIRTH Amended 1[redacted]

S. No. 11-C—25m-9-8-17

6568

County of Bannock

City of Pocatello

No. 1133 N Main St.

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2224

Hospital

FULL NAME OF CHILD Mildred Mae Nokes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Feb 8 1919

FATHER		MOTHER	
FULL NAME	Benjamin Nokes	FULL MAIDEN NAME	Delilah May Lee
RESIDENCE	1133 N. Main	RESIDENCE	1133 N. Main
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	O.S.L. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Registrar

Filed Feb 12 1919 O. B. Steely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

6\78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 25 22 52 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No. 66568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ruth Nokes (Name on Original Certificate) who was born (Was Born or Died) on Feb 8, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ruth Nokes	Mildred Mae Nokes

Subscribed and sworn to before me this 24th day of August, 1978

Ronnie F. Nelson

Notary Public, residing at Pocatello

My commission expires 11-4-81

(Seal)

Signed Charles H. Nokes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1145 Barham Dr San Marcos Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1978

Ronnie F. Nelson

Notary Public, residing at Pocatello

My commission expires 11-4-81

(Seal)

Signed Lee D. Nokes

(Signature of Any Credible Person)

Box N Inkom, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 8/11/78 1cc pd. rec. # 12669(copy sent as is)

NOV 6 1978

Certif of Blessing from the LDS Church gives name as Mildred Mae Noakes daughte of Benjiman H. Noakes and Mae Lee. born Feb 8, 1919 at Pocatello, Idaho. Blessed Apr 6, 1919. viewed by V. S.

Certif of Baptism from the LDS Church gives nzme as Mildred Mae Nokes daughter of Benjamin H. Nokes and Mae Lee. boen Feb 8, 1919 at Pocatello, Idaho. Baptized Dec 12, 1937. viewed by V. S.

693-207-003-556

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66569

County of Bannock

City of Pocatello

No. Farm 2 mi South of city St.

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2225

Hospital

FULL NAME OF CHILD LOIS FERN FITZGERALD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feby 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Chas. Fitzgerald	FULL MAIDEN NAME	Mary Hazel Newkirk
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Springdale, Ark	BIRTHPLACE	Indianapolis, Ind
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

.....19.....

Filed Feb 26, 1919 O. B. Steely

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Kern

Certificate No. 66569
Date Filed Oct. 11, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Fitzgerald (Name on original certificate) who was born (Was born or died) on February 7, 1919 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on or about Feb 7th, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fitzgerald	Lois Fern Fitzgerald
Date of birth	Feb. 9, 1919	February 7, 1919

Subscribed and sworn to before me this 11th day of October, 19 41

Notary Public, residing at Bakersfield, Calif.

My commission expires My Commission Expires Dec. 1, 1941
[SEAL]

Signed Mary Hazel Ewing
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

624 M Street, Bakersfield, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 19 41

Notary Public, residing at Bakersfield, Calif.

My commission expires My Commission Expires Dec. 1, 1941
[SEAL]

Signed T. S. Ewing
(Signature of any credible person other than the previous affiant.)

624 M Street,
Bakersfield, California
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1941

893-115-003-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66570

County of Bannock

City of Pocatello

No. 618 W. Hayden St.

Hospital

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2226

FULL NAME OF CHILD Wallace Reid Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feby 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. F. Hill	FULL MAIDEN NAME	Georgia Lee Neville
RESIDENCE	Pocatello	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sterling, Idaho	BIRTHPLACE	Boise, Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Casete

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Feb 26, 1919 O. B. Steele

Registrar Registrar

S-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

693 225 [illegible] 38

PLACE OF BIRTH

Form V. S. No. [illegible]-15-18

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 86571

County of Bannock

City of Pocatello

No. 715 N. Main St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 46

Registered No. 2228

Full Name of Child Lauretta Williams

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female				yes	Feb. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Williams	FULL MAIDEN NAME	Beulah Thrower
RESIDENCE	715 N ~~Centre~~ Main	RESIDENCE	715 N ~~Centre~~ Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 yrs. (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	New Mexico
OCCUPATION	In service of U.S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Lynn Hospital

Filed Feb 29 1919 P B Steely

Registrar

Registrar

...an one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 21 1957

DEC 31 1965

APR 2 6 1976

955 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BIRTH

STATE [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66572

County of Twin Falls

City of Buhl

Registration District [illegible] 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Donald Reese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 / 3 / 1919

FATHER		MOTHER	
FULL NAME	Walter Reese	FULL MAIDEN NAME	Minnie Marie Myers
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pa.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Registrar

Filed MAR 1 1919 19

J. H. Remfly Registrar

Certified copy issued 2-17-1941. dp

257-103-042-219

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66573

Primary Registration District No. 2687 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 / 3 / 1919

FATHER		MOTHER	
FULL NAME	Carl Sepulveda	FULL MAIDEN NAME	Grace Barnett
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nevo	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fricelusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed MAR 1 1919 19.....

J. T. Murphy
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-104-042-349

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66574

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD STEVE PITMAN LEE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 / 4 / 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Steve P. Lee	FULL MAIDEN NAME	Dora Turner
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Oakley, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fitzhic Clusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66574

County of Jerome } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Steve Pitman Lee (NAME ON ORIGINAL CERTIFICATE) who 2-4-1919 (WAS BORN OR ~~DIED~~) on 2-4-1919 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 3-11-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lee	Steve Pitman Lee

Subscribed and sworn to before me this 11th day of March 1942

William G. Comstock

~~Notary Public~~, residing at Jerome

My commission expires January 1943

(SEAL) Probate Judge & Ex-Officio Clerk

Signed Dora Lucinda Lee

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1942

William G. Comstock

Notary Public, residing at Jerome

My commission expires January 1943

(SEAL)

Signed Steve Pitman Lee

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Jerome, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

867-104-042-419

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 66575

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 / 4 / 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Hogue	FULL MAIDEN NAME	Alena Martini
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

..... 19.....

Filed MAR 1 1919 19.....

J. T. Murphy
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOGUE

712-205-042-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 2

CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 66576

Registered No. .....

FULL NAME OF CHILD Wilma Geraldine Passmore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	2 / 5 / 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morton H. Passmore	FULL MAIDEN NAME	Flossie Ravenscroft
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

Registrar

JAN 12 1944

962-219-003-219

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66577

County of Bannock

City of Pocatello

No. 540 N. 12th St.

Hospital

Registration District No. 84 File No. 46

Primary Registration District No. 2161 Registered No. 2227

Full Name of Child Josphine Robinson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Feb. 19 (Month) 19 (Day) 19 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
C. L. Robison		Ruth Barnard	
RESIDENCE	540 N 12 th St	RESIDENCE	540 N 12 St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Washington - Spokan
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Lynn Hospital Pocatello Idaho

Filed Feb 24 1919 O B [illegible]

Registrar

Registrar

...—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1966

253-208'042-413

Form V. S.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66578

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lorene Angeline Becher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	2 / 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. F. Becher	FULL MAIDEN NAME	Ida Matthias
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Matthias

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Registrar

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 66578

County of Orange } Date Filed APR 15 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Lorene Angeline Becher (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb. 8th 1919 (DATE OF EVENT)

in Buhl Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 15, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Lorene Angeline Becher

Subscribed and sworn to before me this IIth day of April, 19 42

E L Weiss

Notary Public, residing at Orange, Calif.

My commission expires Oct 1st 1942 (SEAL)

Signed Ida A. Becher

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

339 S. Orange Orange Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Orange }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this IIth day of April, 1942

E L Weiss

Notary Public, residing at Orange, Cal.

My commission expires Oct 1st 1942 (SEAL)

Signed Henry F. Becher

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

339 S. Orange Orange Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

413-21

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 66579

Registered No. .....

FULL NAME OF CHILD Billy Mae Mallinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2/12/19 191

FATHER		MOTHER	
FULL NAME	William Mallinson	FULL MAIDEN NAME	Laura May Davis
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ariz
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. McClurkey

Phys (Physician or Midwife)

Given names added from a supplemental report.

..... 19

Address Buhl Ida

Filed MAR 1 1919 19

J. T. Murphy
Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 27 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 66579

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mallinson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Billy Mae Mallinson

Subscribed and sworn to before me this 26th day of March, 1970

Notary Public, residing at Buhl, Idaho

My commission expires 5-22-72

(Seal)

Signed Laura Mae Mallinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 - 13th Ave No. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1970

Notary Public, residing at Buhl Idaho

My commission expires 5-22-72

(Seal)

Signed Laura Blackham
(Signature of Any Credible Person)

804-8th Ave North Buhl Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-2-65. one copy pd. rec. #16791.

Report Card issued by Public Schools or Los Angeles, Calif gives name of child as Billy Mae Mallison. Term ending January 29, 1926. APR 28 1970
Viewed by V.S.

Metropolitan Life Ins. Co. Policy gives name as Billy Mae Mallinson
born Feb. 12, 1919. Policy issued Nov. 1 , 1924. # 32563824
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

466-475-[illegible]-433

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66580

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ~~Bertha~~ DOROTHY Marion Downey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	Two	Yes	Feb. (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jes James Downey	FULL MAIDEN NAME	Ophelia McCart ~~Phelia Louise Downey~~
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo. Salisbury	BIRTHPLACE	New Mexico
OCCUPATION	House wife	OCCUPATION	Laborer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Buhl, Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed March 1919 J. H. Murphy

Registrar Registrar

NOV 3 0 2006

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California. } ss.
County of Los Angeles }

Certificate No. 66580

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Dortha Downey (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 15 Day of February (DATE OF EVENT), 1919
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 30, 1928 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dortha	Dorothy Marion Downey
Mother's maiden name	Downey	OpheliaMcCart

Subscribed and sworn to before me this 24
day of February 19 43

Edward F. Bryan

Notary Public, residing at Long Beach Calif.

My commission expires July, 25, 1944
(SEAL)

Signed Mrs. Hazel J. Sinclair
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5865 Gardenia ave
(STREET ADDRESS, CITY, STATE)
Long Beach Cal.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California. } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of February 19 43

Edward F. Bryan

Notary Public, residing at Long Beach Calif.

My commission expires July, 25, 1944
(SEAL)

Signed F. C. Sinclair
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5865 Gardenia ave
(STREET ADDRESS, CITY, STATE)

Long Beach Cal.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 27 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

384-16-042-249

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66581

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James Franklin Tompkins, Jr.

Sex of Child M

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Franklin Tompkins	FULL MAIDEN NAME	Alice Burr.
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Austin - Minn.	BIRTHPLACE	Minneapolis Minn.
OCCUPATION	Bookkeeper.	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed MAR 1 1919 19.....

J. T. Murphy
Registrar

Registrar

AUG 18 1971

8-18-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 3 - 1971 Bureau of Vital Statistics

State of WASHINGTON } ss.
County of KING

Certificate No. 66581

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tompkins (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1919 (Date of Event)
in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE POLICYS (Bible Record, Insurance Policy, Etc.) prepared on SEPT 22 1952 AND DEC 18 1952 AND APRIL 14, 1967 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	James F. Tompkins, Jr. (Franklin)
	SEE ATTACHED BIRTH AFFIDAVIT DATED 8/25/71	

Subscribed and sworn to before me this 25TH day of AUGUST, 19 71
Notary Public, residing at Seattle
My commission expires AUGUST 15, 1973
(Seal)

Signed * Alice Burr Tompkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
* 8217 - 5th Ave N.E. Seattle Wa.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KING

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25TH day of AUGUST, 19 71
Notary Public, residing at Seattle
My commission expires AUGUST 15, 1973
(Seal)

Signed * Helen E. Jensen
(Signature of Any Credible Person)
9126 Roosevelt Way NE
(Street Address, City, State)
SEATTLE WASH

FORM DH 60-155

icp pd rec'd 21.34 (7)

Application fo the Franklin Life Insurance Co. of Springfield, IL. gives name as James Franklin Tompkins, Jr. Place of birth Buhl, Idaho and date of birth Feb. 16, 1919. Signed Dec. 18, 1952 in Pheonix, AZ..Viewed by V. S.

SEP 21 197[illegible]

Membership to St. Paul of Sherewood Lutheran Church of Seattle, Wash. gives name as James Franklin Tompkins, Jr. Dated Nov. 23, 1958. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 915-216-042-418

County of Twin Falls,

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 34

Primary Registration District No. 2087

File No. 66582

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2 - 16 1919

FATHER		MOTHER	
FULL NAME	P. A. Raedels	FULL MAIDEN NAME	Catherine A. Dahlquist
RESIDENCE	Buhl	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Springdale, Ark.	BIRTHPLACE	Stockholm, Sweden
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-116-042-719

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66583

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD HAROLD SHADDY

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R. E. Shaddy	FULL MAIDEN NAME	Cora ~~[illegible]~~ GARNER
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

Phys. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Buhl Idaho.

Filed Feb 18 1919 J. H. Murphy Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 66583

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Shaddy (Name on Original Certificate) who was born (Was Born or Died) on February 16, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Robert E. Shaddy, Father (Bible Record, Insurance Policy, Etc.) prepared on March 16, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Harold Shaddy
maiden name of mother	Cora Gardner	Cora Garner

Subscribed and sworn to before me this 16th
day of March, 1942

E. I. Lynch.

Notary Public, residing at Buhl, Idaho

My commission expires March 15, 1945
(Seal)

Signed Robert E. Shaddy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD #4, Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed XXXX

345-217-042-645

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66584

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD: LORRAINE MARGUERITE CUNNINGHAM

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb. 17 1919

FATHER	MOTHER
FULL NAME: R. D. Cunningham	FULL MAIDEN NAME: Elsie Odekirk
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: W. AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) J. H. Murphy
Phys.
(Physician or midwife)

Address Buhl Idaho

Filed Feb 19 1919 J. H. Murphy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 66584

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or ~~Death~~)
for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)
in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorraine Marguerite Cunningham
Mother's name	Ada Kirk	Elsie Odekirk

Subscribed and sworn to before me this 19th day of Sept, 1940

O C Hall
Notary Public, residing at Twin Falls, Idaho
My commission expires 10/17/43
(Seal)

Signed Essie Odekirk Cunningham Brockenbury (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
274 Blue Lakes Blvd S Twin Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Sept, 1940

O C Hall
Notary Public, residing at Twin Falls Idaho
My commission expires
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Years)

(Street Address, City, State)

SEP 3 0 1942

314-217-042-897

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 39 File No. 66585

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD YOSHIKO TADA

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Feb. 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Tada	Moto Shigaoka
RESIDENCE	Buhl	Buhl
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Japan	Japan
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) J. H. Murphy
M. Phys.
(Physician or midwife)

Address Buhl Idaho

Filed Mar. 1 1919 J. H. Murphy Registrar

(over)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st Cert. Copy made 8/6/34
2nd cert. copy made 11-13-56 PBA 5950

NOV 13 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-118-042-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2077

File No. 66586

Registered No. .....

FULL NAME OF CHILD Kenneth Ronald Thayne

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 - 18 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Thayne	FULL MAIDEN NAME	Elizabeth Ann Ballard
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed MAR 1 1919 19.....

J. A. Murphy
Registrar

Registrar

JUL 1 0 1969

214-118-042-412

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO — Form V. S. No. 11-C—25m-9-8-15
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66587

Registration District No. 39 File No. .....

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD CLOYD KENNETH SAMPLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Feb. 18 1919

FATHER	MOTHER
FULL NAME W. M. Sample	FULL MAIDEN NAME Ora Watkinson
RESIDENCE Buhl	RESIDENCE Buhl
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl

Filed Feb 21 19 19 J. H. Murphy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 66587

FEB 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cloyd Kenneth Sample (Name on Original Certificate) who born (Was Born or Died) on Feb. 18, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Cloyd Kenneth Sample

Subscribed and sworn to before me this 9th day of February, 1942

Howard L. Rockland
Notary Public, residing at Parma, Ida
My commission expires May 1, 1944
(Seal)

Signed Wm Sample
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c/19-219-042-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 66588

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2 - 19 1919

FATHER		MOTHER	
FULL NAME	Howard C. Darrows	FULL MAIDEN NAME	Grace M. Harris
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed MAR 1 1919 J. H. Kearsley

Registrar

Registrar

862.220 042-381

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 66589

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Beryl Hobson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Feb. 20 1919

FATHER		MOTHER	
FULL NAME	Wm. Hobson	FULL MAIDEN NAME	Elsie Chandler
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl Idaho

Filed Feb. 21 1919 J. H. Murphy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUN 29 1966

Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 66589

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hobson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beryl Hobson

Subscribed and sworn to before me this 19 day of April, 1966

Notary Public, residing at Buhl Ida

My commission expires June 13 1967

(Seal) Notary Public residing at Buhl, Idaho

Signed Elsie M. Hobson mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

448 S.E. 9 Twin Falls Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 19 day of April, 1966

Notary Public, residing at Buhl Ida

My commission expires June 13 1967

(Seal) Notary Public residing at Buhl, Idaho

Signed Sara L Chandler
(Signature of Any Credible Person)

Buhl Idaho
(Street Address, City, State)

500-1127

FORM DH 60-155

CL 3-16-66. one copy pd. rec. #8424.

Statement from Buhl Public Schools Buhl Idaho dated April 12 1966 written by Lois J. Rudy Regi trar states "This is to certify that according to the records of the Buhl Public Schools Beryl Hobson was born February 20 1919 in Buhl Idaho. Her parents are listed as William and Elsie Hobson This record is dated December 7 1925." viewed by V S

JUL 20 1966

Statement from Dor thy Christianai Teacher at Murphy School 1931-33 states "This is to certify that Mrs. Beryl Reeves, Route 1 Box 50A, Eagle Point Oregon entered school as Miss Beryl Hobson at Murphy Oregon in Septembe 1931." statemen written June 10, 1966." - viewed by V.S.

NOV 16 1970

265-221-082-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66590

County of Twin Falls,

City of Buhl, Idaho.

Registration District No. 31 File No.

No. St.

Primary Registration District No. 2081 Registered No.

Hospital

FULL NAME OF CHILD Boning Leila Sonner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	2 - 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luke V. Sonner	FULL MAIDEN NAME	Hazel Wilson
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Registrar

Filed MAR 1 1919 19

J. N. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 66590

Date Filed Aug. 26, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Feb 21, 1919 (Date of Event)
in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on Feb 21 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bonnie Leila Sonner

Subscribed and sworn to before me this 26
day of August, 1944

Notary Public, residing at Buhl Idaho
My commission expires 6-19-1947
(Seal)

Signed Luke W. Sonner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.F.D. #1 Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 th.
day of August, 1944

Notary Public, residing at Buhl Ida
My commission expires 6-19-1947
(Seal)

Signed Mrs Reta L. Sonner
(Signature of Any Credible Person Other Than Previous Year)

Buhl Idaho
(Street Address, City, State)
R #1

AUG 30 1944

239-221-092-569

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 66591

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Feb 21 1919

FATHER		MOTHER	
FULL NAME	Ed. Scribner	FULL MAIDEN NAME	Ina Norman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P M. on the date above stated.

(Signature) J. H. Murphy

(Physician or midwife)

Address Buhl Idaho.

Filed Feb 27 19 19 J. H. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1970

154-123-042-532

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 66592

Primary Registration District No. 2087.

Registered No. _____

FULL NAME OF CHILD Oliver Calvin Anderson Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Feb. 23 1919

FATHER	MOTHER
FULL NAME Oliver Calvin Anderson	FULL MAIDEN NAME Isabel Elsworth
RESIDENCE Buhl	RESIDENCE Buhl.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Utah
OCCUPATION P.O. Clerk.	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 P. M. on the date above stated.

(Signature) J. H. Murphy

M.D.

(Physician or midwife)

Address Buhl Idaho.

Filed Mar. 1 1919 J. H. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

FEB 2 1942

796-223-042-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 39 File No. 66593

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2 - 23 1919

FATHER		MOTHER	
FULL NAME	Harry F. Grosvenor	FULL MAIDEN NAME	Nellie Morford
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Penna.
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

449-226-042-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 34

Primary Registration District No. 2081

File No. 66594

Registered No. .....

FULL NAME OF CHILD COLLEEN DORA MURPHY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	2-26-1919

FATHER		MOTHER	
FULL NAME	S. T. Murphy	FULL MAIDEN NAME	Helen Mahler
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed MAR 1 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 66594
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Murphy (Name on original certificate) who born (Was born or died) on February 26-1919 (Date of event)
in Burbl. Twin Falls County Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by knowledge of parent (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Murphy	Colleen Dora Murphy

Subscribed and sworn to before me this 16th
day of December, 1941
August E Caerbert
Notary Public, residing at Inglewood Calif
My commission expires Sept 26-1944
[SEAL]

Signed Spencer Grace Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
247 No. Hillcrest Blvd
Inglewood California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of December, 1941
August E Caerbert
Notary Public, residing at Inglewood Calif
My commission expires Sept 26-1944
[SEAL]

Signed Helen M. Murphy
(Signature of any credible person other than the previous affiant)
247 North Hillcrest Blvd
Inglewood California
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

763-228-042-758

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 66595

Registered No. .....

FULL NAME OF CHILD Mary Margaret Pollard.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2-28-1919

FATHER		MOTHER	
FULL NAME	Leslie F. Pollard.	FULL MAIDEN NAME	Grace Peyton
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ind.	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed MAR 1 1919 19.....

J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

317-103-042-869

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66596

County of Twin Falls

of Kimberly

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD David Henry Tapp

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	4th	Yes	Feb. 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Shirley Tapp	FULL MAIDEN NAME	Pearl Ham
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bourbon Bourbon Co. Ky	BIRTHPLACE	Oklahoma
OCCUPATION	Restaurant Owner & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Sutcliff M.D., Sutcliff

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly Idaho

Filed Feb. 22, 1919 Anna Jamison

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/14/41 L. B.

862-112-042-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

66597

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 11

FULL NAME OF CHILD Alfred Erhard Hoske

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 12 1917

FATHER		MOTHER	
FULL NAME	John F. Hoske	FULL MAIDEN NAME	Martha C. Kast
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis M. D.
(Physician or midwife)

Address Kimberly Idaho

Filed Feb 22 19 Mrs Anna Jamison

AUG 2 9 1966

366-220-042-384

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66598

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 12

FULL NAME OF CHILD Alta Towpin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 20 1919

FATHER		MOTHER	
FULL NAME	Henery Towpin	FULL MAIDEN NAME	Stella Thurston
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Utah
OCCUPATION	Soldier	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly Idaho

Filed Feb 24 19 19 Mrs. Anna Jamison
Registrar

MAR 1 6 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112.126.042-913

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Kimberly

Registration District No. 36

File No. 66599

No. ..... St.

Primary Registration District No. .....

Registered No. 13

Hospital Home

FULL NAME OF CHILD Vinson Tolley Tate

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 26 1919

FATHER

FULL NAME: Vinson Tolley Tate

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Texas

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Anna Nell Mathews

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Okla

OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive (Born alive or stillborn) on the date above stated. at 5 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Harris

M. D.
(Physician or midwife)

Address Kimberly

Filed March 2 1919 Mrs. Anna Jamison
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 17 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30

File No. 66600

No. ..... St.

Primary Registration District No. 2057

Registered No. 666

Hospital .....

FULL NAME OF CHILD Edward Charles Gerry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jan (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward L. Gerry	FULL MAIDEN NAME	Berna M. Bradbury
RESIDENCE	San Francisco	RESIDENCE	San Francisco, Cal.
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.00 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida

Filed 2/10 1919 D. D. Overhaus Registrar

..... Registrar

S-Y CO. 24656

9-14-40 CC

692-226-028-242

PLACE OF BIRTH

STATE OF MIAMI
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

66601

County of [illegible]

City of Pos N Falls

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 665

Hospital

FULL NAME OF CHILD Beata Wilhelma Fischer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Matt Fischer	FULL MAIDEN NAME	Ida Kusher
RESIDENCE	Pos N Falls R F D	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Hon

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 12 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address [illegible]

Filed July 10 1919 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-123-028-845

PLACE OF BIRTH

Form V. S. No. 11—25m-1-

STATE OF IDAHO
U OF VITAL STATISTICS

TIFICATE OF BIRTH

66502

County of Kootenai

City of Bay View

Registration District No. [illegible]0

File No.

No. St.

Primary Registration Distr[illegible]51

Registered No. 664

Hospital

FULL NAME OF CHILD Edward Lest[illegible] Schroeder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male			Jany 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph J. Schroeder	FULL MAIDEN NAME	Ruth E. Hunter
RESIDENCE	Bayview, Ida	RESIDENCE	Bayview, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wis
OCCUPATION	fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum Ida

Filed 2/10 1919 D D Greenaw

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1942

SEP 18 1942

319.103.028-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

66603

County of Kootenai

City of Post Falls

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 663

Hospital

FULL NAME OF CHILD Floyd Paul Taisey

Sex of Child	Twin Triplet or others?	and	Number in order of birth	Legitimate?	Date of Birth
male	yes		2	yes	Jany 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul W. Taisey	FULL MAIDEN NAME	Irene White
RESIDENCE	Post Falls - Idaho R F D	RESIDENCE	Post Falls R F D
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mont
OCCUPATION	Lumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum Idaho

19

Filed 2/10 1919 D D Drinnan

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

JUN 1 1976

235-104-028-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66604

County of Kootenai

City of Coeur D'Alene P.O. Registration District No. 30 File No.

No. St. Primary Registration District No. 2057 Registered No. 662

Hospital

FULL NAME OF CHILD Keith Osmond Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan. 4 — 1919

FATHER		MOTHER	
FULL NAME	Alfred Stewart	FULL MAIDEN NAME	Bertha Stoddard
RESIDENCE	Coeur D'Alene P.O.	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Blacksmith	OCCUPATION	Nurse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Brennan M. D.

(Physician or midwife)

Address Coeur D'Alene

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/10 1919 S. D. Brennan Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1—25m-1-1-13

County [redacted] 505

City of Cash Fall

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 661

Hospital

FULL NAME OF CHILD Lloyd William Taisey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Yes	1	Yes	Jany 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul W. Taisey	FULL MAIDEN NAME	Irene White
RESIDENCE	Post Falls R.F.D.	RESIDENCE	Post Falls Ida R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mont.
OCCUPATION	Cumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.55 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wang

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

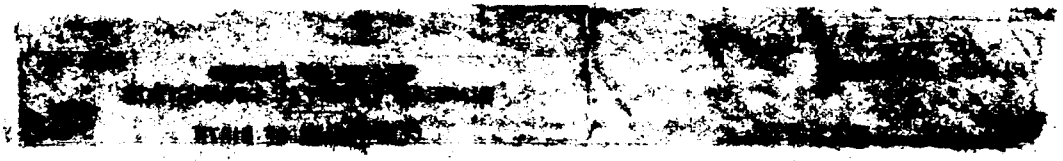
Address Rathdrum Ida

Filed 2/5 1919 D D Freeman

Registrar

Registrar

S-Y CO. 24656



DEC 5 1941

MAR 1 9 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21 [illegible] 8-214

PLACE OF BIRTH

Form V. S. No. 1-C—Form 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ashton

City of Kootenai

Registration District No. 30

File No. 66606

No. ..... St.

Primary Registration District No. 2057

Registered No. 667

Hospital .....

FULL NAME OF CHILD Harold H Kaye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Kaye	FULL MAIDEN NAME	Annie Bamber
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 19 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cleveland O. Ala

Filed 3/10 1919 D D Drennan Registrar

Registrar

S-Y CO. 24655

393-219-028-867

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66607

County of Kootenai

City of Post Falls

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2051

Registered No. 671

Hospital

FULL NAME OF CHILD Mabel Lillquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Febry 19 1919

FATHER		MOTHER	
FULL NAME	Axel Lillquist	FULL MAIDEN NAME	Hannah Hoglund
RESIDENCE	Post Falls - Ida R.F.D.	RESIDENCE	Post Falls - Ida R.F.D. 1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner & farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rathdrum Ida

Filed 3/10 1919 D D Dunneau Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864·213·028-214

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 66608

No. _____ St.

Primary Registration District No. 2051

Registered No. 670

Hospital _____

FULL NAME OF CHILD Edna Irene Young

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Feby 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest S. Young	FULL MAIDEN NAME	Celia Badley
RESIDENCE	Post Falls - Ida	RESIDENCE	Post Falls. Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich.
OCCUPATION	Cumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Ida

Filed 3/10 1919 D D Drennen
Registrar

S-Y CO. 24656

FEB 22 1945

954-111-028-466 [redacted]

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66609

County of Kootenai

City of Rathdrum

Registration District No. 30

File No.

No. St.

Primary Registration District No. 2057

Registered No. 669

Hospital

FULL NAME OF CHILD James Frederick Reuther

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Febry 11. 1919

FATHER		MOTHER	
FULL NAME	John Reuther	FULL MAIDEN NAME	Margaret Moore
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Ida

Filed 3/10 1919 D. D. Drummond Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1972

NOV 2 9 1945

249-108-028-555

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 66610

No. ..... St.

Primary Registration District No. 2051 Registered No. 668

Hospital .....

FULL NAME OF CHILD Ross Walker Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Febry 8. 1919

FATHER		MOTHER	
FULL NAME	Ross W. Smith	FULL MAIDEN NAME	Myrtle M. Everett
RESIDENCE	Corbin, Ida	RESIDENCE	Corbin, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	S. Dak.	BIRTHPLACE	N. Dak.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weez

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida

Filed 3/10 1919 D D Dunnan
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66611

County of Idaho

813-124-024-766

City of Gunsee

Registration District No. 63 File No.

No. St.

Primary Registration District No. 2142 Registered No. 5

Hospital

FULL NAME OF CHILD Lloyd Arthur Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E Hall	FULL MAIDEN NAME	Anna Brough
RESIDENCE	Gunsee	RESIDENCE	Gunsee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N C	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Pierry

Gunsee Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 2-26 1919 W H Elmer
Registrar

S-Y-CO 38071

APR 2 4 1943

APR 2 2 1948

238-112-029-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66612

County of Latah

City of Genesee

Registration District No. 62

File No.

No. ..... St.

Primary Registration District No. 2142

Registered No. 4

Hospital

FULL NAME OF CHILD Joseph Benjamin Schooler

Sex of Child M

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth 2 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Schooler	FULL MAIDEN NAME	Ethel Fields
RESIDENCE	Farmer	RESIDENCE	Farmer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	North
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11-9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address

Registrar

Filed 2-12 1919 W. H. Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1944

234-230-029214

PLACE OF BIRTH

Amended 4/4/79

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Greenwood

Registration District No. 62

File No. 66613

No. ..... St.

Primary Registration District No. 2142

Registered No. 3

Hospital .....

FULL NAME OF CHILD Marie Bernadine Kluss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Jan 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Kluss	FULL MAIDEN NAME	Bertha Baumgartner
RESIDENCE	Greenwood	RESIDENCE	Greenwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tuomy

Greenwood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2-14- 1919 W. N. Ehem

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 10 7 33 AM '79

State of _____ } ss.
County of _____

Certificate No. 66613
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Margaret Bernadine Kluss (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 30, 1919 (Date of Event)

in Genesee, Idaho (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Margaret Bernadine Kluss	Marie Bernadine Kluss

Subscribed and sworn to before me this 7TH day of ~~DECEMBER~~ JAN, 1979.

Notary Public, Michael [illegible]
Residing at GENESEE ID
My commission expires 7-1-81
(Seal)

Kent J Broemeling
Signature of Applicant

Genesee, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 12/2/6/78 lbc pd. rec. #24236

Certif of Baptsim from the St. Mary's Church of Genesee, Idaho gives name as Marie Bernardine Kluss. daughterof John Kluss and Bertha Baumgartner. born Jan 30, 1919 Baptized Feb 23, 1919. viewed by V. S.

APR 5 1979

Social Securiyt card nol ~~518~~ 519-42-3880 gives name as Marie Broemeling. viewed by V. S.

555-129-029-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grimes

Registration District No. 62 File No. 66614

No. St.

Primary Registration District No. 2142 Registered No. 2

Hospital

FULL NAME OF CHILD Burton Edward English

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William E English	FULL MAIDEN NAME	Julia French
RESIDENCE	Grimes	RESIDENCE	Grimes
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	N Y	BIRTHPLACE	Ind
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Thorry

Grimes Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 2-14 1919 W. N. Ehem Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1958

619-22-03K-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 66623

Primary Registration District No. 2015 Registered No. 36

Hospital .....

FULL NAME OF CHILD Lillian Eva Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 22 1919

	FATHER	MOTHER
FULL NAME	Lee D Ward	
FULL MAIDEN NAME		Effie King
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	22
BIRTHPLACE	U. S.	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 5 1919

[signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1969

395-201-03[illegible]036

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 66630

Primary Registration District No. 2015 Registered No. 63

FULL NAME OF CHILD Margaret Stout Creason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	1 / 1 / 19[illegible]

FATHER		MOTHER	
FULL NAME	Harry V Creason	FULL MAIDEN NAME	Celia Stout
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 1 19 19 Edith Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1953

553117103X794

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66631

County of Minidoka

City of Minidoka

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2201

Registered No. 64

Hospital

FULL NAME OF CHILD Gerald Eldon Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter K Nelson	FULL MAIDEN NAME	Gretchen Simple
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Kansas
OCCUPATION	U.S.R.S.	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed Mar 5 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754-015-03X-275

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 66632

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 65

FULL NAME OF CHILD ..... Helen Katheryn Seddon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 15 1919

	FATHER	MOTHER
FULL NAME	Archie W Seddon	FULL MAIDEN NAME Lulu Fulmon
RESIDENCE	Paul	Paul
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	29 (Years)
BIRTHPLACE	Utah	Ill.
OCCUPATION	Sugar Co Emp.	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 5 1919

W. W. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1955

Amended 7/21/72

118-131-034-619

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66633
Local Reg. No.
Reg. Dist. No. 19

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Minidoka

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Minidoka

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paul

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Hubert b. (Middle): Mark c. (Last): Dahlstrom

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____		1	31	19

FATHER OF CHILD

7. FULL NAME

a. (First): Jno. b. (Middle): B. c. (Last): Dahlstrom

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Ida	Auto Mech.	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): c. (Last): Wardell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
27 YEARS	Utah	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. P. Groom

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Mar. 5, 1919

22. REGISTRAR'S SIGNATURE: E. H. Elmore

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JUL 21 11 30 AM '72

State of IDAHO
County of Bannock } ss.

Certificate No. 66633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jno Benjamin Dalhstrom (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1919 (Date of Event)
in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Jno Benjamin Dahlstrom	Hubert Mark Dahlstrom
Date of birth	Jan. 28, 1919	Jan. 31, 1919

Subscribed and sworn to before me this 20th day of July, 19 72

Notary Public residing at Pocatello, Idaho
My commission expires Jan 16, 1975
(Seal)

Signed Leota D. Dahlstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

575 Euclid, Pocatello, Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am the mother of Hubert Mark Dahlstrom.

Subscribed and sworn to before me this 20th day of July, 19 72

Notary Public, residing at Pocatello, Idaho
My commission expires Jan 16, 1975
(Seal)

Signed Mary W. Dahlstrom
(Signature of Any Credible Person)

675 McKinley, Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/7/72

Certif. of Baptism and Confirmation from LDS Church gives name as Hubert MarkXXXXXXX Dahlstrom son of John B. Dahlstrom and Mary Wardell. Born Jan. 31, 1919. Was Baptized Dec. 9, 1929 and confmd. Dec. 8, 1929. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Hubert Mark Dahlstrom son of John B. Dahlstrom and Mary Wardell. Born Jan. 31, 1919. Was Blesed Sept. 7, 191 1919. Viewed by V. S.

865·105·034-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66634

County of Minidoka

City of Kiamoma

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 67

Hospital

FULL NAME OF CHILD ~~[illegible]~~ ROBERT K. Earnest Hoes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm A Hoes	FULL MAIDEN NAME	Ida Fortune
RESIDENCE	Kiamoma	RESIDENCE	Kiamoma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Mo
OCCUPATION	R.R. Emp.	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address

19

Registrar

Filed Mar 5 1919 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

281-108-03K-792

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66635

Registration District No. 19

Primary Registration District No. 9013

File No. .....

Registered No. 68

FULL NAME OF CHILD ..... RAYMOND JARL Shower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 8 1917

FATHER		MOTHER	
FULL NAME	Jay M Shower	FULL MAIDEN NAME	Francis E Beer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 5 1918

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 15

County of Los Angeles }

Certificate No. 66635

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Raymond Jarl Shaver (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 8th 1919 (DATE OF EVENT)

in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by — (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on — (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Geo. Wm. Shaver	Raymond Jarl Shaver

Subscribed and sworn to before me this 13th day of January, 1942

Nellie P. Mauclair

Notary Public, residing at Los Angeles, Calif

My commission expires Jan. 26, 1942

(SEAL)

Signed Emma Frances Shaver

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5942 So. Haas Ave, Los Angeles Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 1942

Nellie P. Mauclair

Notary Public, residing at Los Angeles, Calif

My commission expires Jan 26, 1942

(SEAL)

Signed Jay N Shaver

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5942 So Haas Ave Los Angeles Calif

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By .....

(REGISTRAR'S SIGNATURE)

962-113-034-865

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66636

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 69

Hospital .....

FULL NAME OF CHILD Douglas McClain Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			2 - 13 - 1919

FATHER		MOTHER	
FULL NAME	Leon Robinson	FULL MAIDEN NAME	Katherine Harris
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	So Dak
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ... VII Number of children of this mother now living, including present birth ... VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive (Born alive or stillborn) ..... at 29 M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... [signature]

..... Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Mar. 5 1919 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1973

395-119-07-367

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66637

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 70

FULL NAME OF CHILD ..... HARRIS Lenzy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Lenzy	Rebecka Coggburn
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 5 1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 66637
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Frank Pierce Linzy (Name on original certificate) who born (Was born or died) on February 19-1919 (Date of event) in Rupert Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on July 24-1939 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Frank Pierce Linzy	Harres Linzy

Subscribed and sworn to before me this 27th day of December, 1941
Charlotte Bader
Notary Public, residing at Sacramento, Calif.
My commission expires 3/31/43
[SEAL]

Signed Rebecca Linzy - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#3 Box 490 Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 1941
Charlotte Bader
Notary Public, residing at Sacramento, Calif.
My commission expires 3/31/43.
[SEAL]

Signed Calyda Winkle
(Signature of any credible person other than the previous affiant.)
R#3 Box 505 Sacramento Calif.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

764 113-034-269

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 66638

Primary Registration District No. 2015 Registered No. 71

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	2 (Month) – 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo G. Poulsen	FULL MAIDEN NAME	Lena C Sorensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert Ida

Filed Feb 18 1919 E. H. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-106-03X-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 66639

Primary Registration District No. 2015 Registered No. 72

FULL NAME OF CHILD Don Jenkins Boruf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb. 6 1919

FATHER		MOTHER	
FULL NAME	Phillip Peter Boruf	FULL MAIDEN NAME	Myrtle Stewart
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Oil Man	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. /M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Elmore

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 8 1919 W. W. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66639

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed Borup (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 6, 1919 (DATE OF EVENT)

in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Don Jenkins Borup

Subscribed and sworn to before me this 4th day of June, 1942

W. B. Joy

Notary Public, residing at Boise, Ida

My commission expires 7/14/45

(SEAL)

Signed P P Borup

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUN 4 1942

MAR 19 1962

FEB 24 1969

65-105-034-652

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66640

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 73

Hospital .....

FULL NAME OF CHILD Walter Edward Jr. Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 5 1918

FATHER		MOTHER	
FULL NAME	Charles M. Webb	FULL MAIDEN NAME	Fannie E. Webb
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

(Signature) E M Elmore

Physician

(Physician or midwife)

Address Rupert Ida

Filed March 8 1918 E M Elmore

Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

66140

Registered No. 73

Registration Dist. No. 19

Place of Birth

City Rupert

Street and House No.

County Minidoka

Sex of Child male

Date of Birth March 8 1919
MONTH DAY YEAR

Father Charles M. Webb
FULL NAME

Mother Hannie L. Webb
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Walter Edward James Webb
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

E. O. Elmore
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

243-107-034-764

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66641

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 74

Hospital .....

FULL NAME OF CHILD Wesley G. Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 7 1917

FATHER		MOTHER	
FULL NAME	Horace C. Butler	FULL MAIDEN NAME	Ida Gould
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) E. A. Johnson

Physician (Physician or midwife)

Address Rupert

Filed May 8, 1917 E. A. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/17/41 Z.J.

MAR 13 1944

168-101-028-284

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 29

File No. 66646

No. ..... St.

Primary Registration District No. 1050

Registered No. 17

Hospital .....

FULL NAME OF CHILD Odis William Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Jan 1st 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Johnson	FULL MAIDEN NAME	Grace V. Symons
RESIDENCE	~~[illegible]~~ Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Salt Lake, Utah
OCCUPATION	Mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hoeden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Feb 27 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-12-7:028-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Gibbs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 66647

Primary Registration District No. 2037 Registered No. 23

FULL NAME OF CHILD Gordon Robert Braden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Feb. 27 1917

	FATHER	MOTHER
FULL NAME	Alfred M. Braden	FULL MAIDEN NAME Helen I. Beedham
RESIDENCE	Gibbs Ida	RESIDENCE Gibbs Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE Mich.
OCCUPATION	Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs H. R. Smith

Midwife (Physician or midwife)

Address Gibbs, Idaho.

Filed Mar. 5 1917 Gus Nelson Registrar

JAN 30 1968

463-117-028-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 29 File No. 66648

Primary Registration District No. 1050 Registered No. 22

FULL NAME OF CHILD Victor La Verne Dolen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Feb 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wesley Dolen	FULL MAIDEN NAME	Ada Luella Walleso
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holdin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur D'Alene Ida

Filed Feb 27 1919 Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-216-028-296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66649

County of Kootenai

City of Coeur D'Alene Registration District No. 2-9 File No.

No. St. Primary Registration District No. 1050 Registered No. 21

Hospital

FULL NAME OF CHILD Juanita Faye Carey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	one	yes	Feb 16 1919

	FATHER	MOTHER
FULL NAME	James Madison Carey	FULL MAIDEN NAME Frances Caroline Brockman
RESIDENCE	Coeur d Alene Ida.	Coeur d Alene Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Kentucky	Washington
OCCUPATION	Mill man	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Holden

Physician

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Feb 27 1919 Guss Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 4 1943

764-210-028-464

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 66650

No. ..... St. Primary Registration District No. 1050 Registered No. 20

Hospital .....

FULL NAME OF CHILD Jane Rebecca Pomeroy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Feb 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph D Pomeroy	FULL MAIDEN NAME	Mary Ann Dodge
RESIDENCE	Post Falls Ida	RESIDENCE	Post Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Feb 27 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

264-205-028-813

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66651

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 18

Hospital

FULL NAME OF CHILD Hazel Audry Southard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Feb. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sion Southard	FULL MAIDEN NAME	Pearl Hale
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Arkansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida

Filed Feb. 27 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]P 9 1

235-208-028-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 29 File No. 66652

Primary Registration District No. 1050 Registered No. 19

FULL NAME OF CHILD Rose Marie Stevens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	no	Feb 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Lucia Arlett Stevens
RESIDENCE		RESIDENCE	Coeur d'Alene
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE		BIRTHPLACE	Wisconsin
OCCUPATION		OCCUPATION	Telephone operator

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K Hoeden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur D'Alene Ida

Filed Feb 27 1919 Gus Nelson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-65 126-028-559

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66653

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 24

Hospital

FULL NAME OF CHILD John Rudalph Ewert

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	Feb 26 1919

FATHER		MOTHER	
FULL NAME	John C. Ewert	FULL MAIDEN NAME	Helga Nelson
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Denmark.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Wood

Physician Ded.
(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Mar 8 19 19 Gus Nelson
Registrar

S-Y-CO 38071

366-124-028-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 66654

County of Kootenai

City of Coeur d'Alene Registration District No. 29

No. 318 Prospect Ave St. Primary Registration District No. 1050 Registered No. 26

Hospital

FULL NAME OF CHILD Richard Owen Lowry

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	twin	3.	Yes.	Dec. 24 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Lowry	FULL MAIDEN NAME	Martha Johnson
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

(Signature) John Atwood

Physician (Physician or midwife)

Address Coeur D'Alene Ida

Filed Mar. 8 1919 Gus Nelsen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65[illegible]

PLACE OF [illegible] STATISTICS

Form V. S. No. 11-C—25m-9-8-17

BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. .....

File No. 66656

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital Twin Falls Co. Hosp.

FULL NAME OF CHILD Arthur Clarence Felt, Jr.

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb. 9th 1919

FATHER	MOTHER
FULL NAME Arthur Clarence Felt	FULL MAIDEN NAME Nellie Mathilda Atkinson
RESIDENCE Eden, Idaho.	RESIDENCE Eden - Idaho.
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Sacramento - Cal.	BIRTHPLACE Pleasant Iowa.
OCCUPATION Rancher	OCCUPATION Wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Feb. 25, 1919. W. F. Pike Registrar

SEP 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-20-042-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66657

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St. Primary Registration District No. 2285 Registered No. _____

Hospital _____

FULL NAME OF CHILD Opal Leola Sinclair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 3 1919

FATHER		MOTHER	
FULL NAME	W. J. Sinclair	FULL MAIDEN NAME	May Gibson
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth Sixth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 o'clock 11 minutes M. on the date above stated.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer Idaho

Filed 2-25- 1919 W. F. Pike

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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Registrar

8-Y-CO 38071

JUL 1 0 1942

437-23-C42-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 37 File No. 66660

No. _____ St. Primary Registration District No. 2185 Registered No. _____

Hospital _____

FULL NAME OF CHILD Alma Irene McGregor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 31 1919

FATHER		MOTHER	
FULL NAME	Jesse L. McGregor	FULL MAIDEN NAME	Rose Farley
RESIDENCE	Berger, Idaho	RESIDENCE	Berger, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth Eight Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.16 A.M. on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight Jr. M.D.
(Physician or midwife)

Address Filer Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-25- 1919 W. F. Pike Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

648-207-042-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66666

County of Twin Falls

City of Filer, Ida. Registration District No. 37 File No.

No. St. Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Helen Dee Duqueane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 3 1919

FATHER		MOTHER	
FULL NAME	Homer Achille Duqueane	FULL MAIDEN NAME	Ethel Pielstick
RESIDENCE	Filer Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Nebr.
OCCUPATION	Cement Worker.	OCCUPATION	House wife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

(Signature) Frank A. Dwight Jr. M.D.

(Physician or midwife)

Address Filer, Idaho

Filed Feb. 24 1919 W. F. Pike Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

SEP 2 6

266-213-028-842

PLACE OF BIRTH

[redacted] DAHO
BURE[redacted] STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29

File No. 66667

No. 1143-6th St.

Primary Registration District No. 1050

Registered No. 25

Hospital

FULL NAME OF CHILD Georgia Ethel Booher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	4	Yes.	Feb. 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse L. Booher	FULL MAIDEN NAME	Essie Hubbard
RESIDENCE	1143-6th St. Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wash.
OCCUPATION	Fireman at Greenhouse	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur D'Alene Ida Sw

Filed Mar. 8 1919 Gus Nelson

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF
OF VITAL

299-212-029-625

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

County of Latah

City of Bovill

Registration District No. 66

File No. 66668

No. # St.

Primary Registration District No. 2146

Registered No.

Hospital #

FULL NAME OF CHILD Mary Edith Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	2 - 2 - 1919

FATHER		MOTHER	
FULL NAME	Henry Arthur Briggs	FULL MAIDEN NAME	Blanch Rose O'Keefe
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) H. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed 2/18/ 1919 Mrs. H. C. Gibson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1944

791-231-
003-364

[redacted]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 W. Sublette St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

66669

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2219

FULL NAME OF CHILD LOUISE EUGENIA GRAYSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem		yes	Jan (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Roscoe Grayson	FULL MAIDEN NAME	Grace Louise Todd
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Trade Tenn	BIRTHPLACE	Todd, N. C.
OCCUPATION	Sec. Storekeeper R R	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Registrar

Filed Feb 10, 1919 O B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Tennessee } ss.
County of Johnson }

Certificate No. 66669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Louise Eugenia Grayson (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan. 31, 1919 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Louise Eugenia Grayson
Louise Eugenia Grayson		

Subscribed and sworn to before me this 16th, day of May, 19 42.

W. H. Hawkins

Notary Public, residing at Mountain City, Tenn.

My commission expires January 10—1946 (SEAL)

Signed Thomas P. Grayson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Trade, Tennessee.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 20 1942 By
(REGISTRAR'S SIGNATURE)

MAY 2 2 1942

236-104-004-465

Amended 12-18-62 (Be sure the information is complete and accurate)

State File No. 66677

Local Reg. No.

Reg. Dist. No. 53

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lloyd b. (Middle): Reuben c. (Last): Stock

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	3 - 4 - 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Reuben	G.	Stock	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Fish Haven, Ida.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nellie	Orean	Monson	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	St. Charles, Ida.	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: R. J. Sutton

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Paris, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-10-1919

20. REGISTRAR'S SIGNATURE: R.J. Sutton

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

nquence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery .....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 7 1962
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 66677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stocks (male child) Lloyd Reuben Stock who was born on March 4, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Fish Haven, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of parent (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lloyd Reuben Stock
Father's Last Name	Stock	~~Stock~~ Reuben Galloway Stock
Full Maiden Name of Mother	Orlean Nellie Monson	Nellie Orean Monson

Subscribed and sworn to before me this 21st day of November, 1962.

John B. Page

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed Reuben Galloway Stock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fish Haven, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1962.

John B. Page

Notary Public, residing at Paris, Idaho
My commission expires 25 June 1966
(Seal)

Signed Nellie Orean Stock (MOTHER)
(Signature of Any Credible Person)

Fish Haven, Idaho
(Street Address, City, State)

FORM DH 60.155 CL 10-5-61. one copy pd. receipt #2202.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1907 gives full name as Nellie Orean Monson, daughter of Edmond Monson and Nathalia Johnson, born Jan. 18, 1899 at St. Charles, Idaho - viewed by V.S.

~~L.D.S. Church Cert. of Record of Membership, baptized Aug. 5, 1907 gives full~~

L.D.S. Church Cert. of Record of Membership, Blessed Mar. 13, 1899 gives full name as Nellie Orean Monson Stock, born Jan. 18, 1899 at St. Charles, Idaho to Edmond Monson and Nathalia Johnson - Stock is married name - viewed by V.S.

Social Security Card, #518-10-1587 gives full name as Lloyd Reuben Stock, viewed by V.S.

L.D.S. Church Cert. of Blessing, May 9, 1897 gives full name as Reuben Galloway Stock, son of John Reuben Stock and Charlotte Galloway, born April 24, 1897 at Fish Haven, Idaho - viewed by V.S.

L.D.S. Church Record of Membership, Baptized Sept. 9, 1905 gives full name as Reuben Galloway Stock, born April 24, 1897 at Fish Haven, Idaho to John Reuben Stock and Charlotte Galloway - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, May 1, 1927 gives full name as Lloyd Reuben Stock, son of Reuben G. Stock and Orean Monson, born March 4, 1919 at Fish Haven, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 255-202-010-249

[redacted]y of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66678

Registration District No. 73

Primary Registration District No. 2120

File No. .....

Registered No. 1-2

FULL NAME OF CHILD Eleanora Benton

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W Benton	FULL MAIDEN NAME	Isabella Burgess
RESIDENCE	Idaho Falls Ill.	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho Falls Ill.
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ill.

Registrar

Filed May 12 1919 [illegible]

Registrar

APR 2 0 1943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F.D No. Capital Ave & E Str.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. 374 Basalt St.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Long Beach, Calif
3. **RESIDENCE OF FATHER** (city, state) Long Beach

4. **FULL NAME OF CHILD** Eleanora Benton
5. Date of Birth (Month, day, year) March 2nd, 1919
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wm. Benton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Neola (City or town) Iowa (State or foreign country)
14. Exact Occupation Mail Messenger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Burgess
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabell Benton, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eleanora Benton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Soderquist (Name of attendant at birth), who attended said birth Una ble to get reply (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isabell Burgess Benton
Name
1728 Florida St LB
P. O. Address

Subscribed and sworn to before me on this 14th day of April 1943

(SEAL) Jane M. Henderson Notary Public, residing at Long Beach, Calif.

My Commission Expires August 2, 1946.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

31X-P15-00364

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. 66679

Registered No. 17

FULL NAME OF CHILD FREDA LAUBHAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar 15 1919

FATHER		MOTHER	
FULL NAME	John F. Laubhan	FULL MAIDEN NAME	Catherine Laubhan
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Laubhan

Father
(~~Physician or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Mar 15 1919 Colleen Kennard
Registrar

Registrar

Cash Enclosed 5x

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66679

County of Bonneville } Date Filed Mar. 20, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for "Frieda" Laubhan (Name on Original Certificate) who Born (Was Born or Died) on March 15, 1919 (Date of Event) in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 20, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Freda Laubhan
	Frieda Laubhan	

Subscribed and sworn to before me this 26th day of March, 1942

Frank L. Zeuerstein

Notary Public, residing at

My commission expires (Seal)

NOTARY PUBLIC My Commission Expires March 9, 1944 Residing at Idaho Falls, Idaho

Signed Mrs. J. F. Laubhan (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

281 13th St. Idaho Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires (Seal)

Signed (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 22 1995

853-212-010-154

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 66680

No. ..... St.

Primary Registration District No. 2 1 V D

Registered No. 1-6

Hospital .....

FULL NAME OF CHILD Marion Janie Helm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 / 12 / 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nephi Helm	FULL MAIDEN NAME	Della Andrew
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Mar-12/19 at 10:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed 3/13 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15X-128-010-537

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66681

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2100 Registered No. 49

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	2/28/19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur L. Anderson	FULL MAIDEN NAME	Lillian Elg
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2/28/19 (Born alive or stillborn) at 5:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Idaho Falls Ida (Physician or midwife)

Given names added from a supplemental report.

Address Physician

19

Registrar

Filed 3/3 19 19 [signature] Registrar

dup of 1919-248973

713-209-010-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66682

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2107 Registered No. 74

Hospital Florida

FULL NAME OF CHILD Ardis Carolyn Patton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 9 1919

FATHER		MOTHER	
FULL NAME	Elwood Patton	FULL MAIDEN NAME	Hazel Peterson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Farmer	BIRTHPLACE	Ida Falls Ida
OCCUPATION	Idaho Falls	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Rogers

Phys.
(Physician or midwife)

Address Ida Falls Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Mar 12 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1942

JAN 1 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243 [illegible] 010-414

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66683

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2140

File No. .....

Registered No. 47

FULL NAME OF CHILD Edna Lula Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2 18 1919

FATHER		MOTHER	
FULL NAME	Steve Butler	FULL MAIDEN NAME	Delva Madsen
RESIDENCE	Idaho Falls	RESIDENCE	Ida Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Hooper Id	BIRTHPLACE	Spring City Id
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Address Ida Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 12 1919 [signature] Registrar

NOV 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 14 9 19 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66683

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butler (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1919 (Date of Event)
in Idaho Falls, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism & Confirmation (Bible Record, Insurance Policy, Etc.) prepared on Horton Sept. 4 - 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	~~Edna Lyla Butler~~
		Edna Lula Butler

Subscribed and sworn to before me this 13 day of Nov., 19 72

Notary Public, residing at Logan, Idaho

My commission expires 2/1/76

(Seal)

Signed Edna Lula Butler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1150 Charlton Avenue
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11/9/72 RUSH!!

Salt Lake City High School Diploma, South High School gives name as Edna Lula Butler. Dated June 5, 1936. Viewed by V. S.

NOV 14 1972

Certif. of Baptism and Confirmation dated Sept. 4, 1927 gives name as Edna Lula Butler daughter of Stephen Butler and Delva L.Madsen. Born Feb. 18, 1919. Was Baptized Aug. 27, 1927. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 82-209-010-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2100

File No. 66684

Registered No. 46

FULL NAME OF CHILD Minnie Bybee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	2 9 1919

FATHER		MOTHER	
FULL NAME	David Bybee	FULL MAIDEN NAME	Minnie Clark
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Type setter	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls Ida

Filed Mar 12 1919 A Kimmel

Registrar

K

619109-010-349

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Amended 3-21-81 St.

Hospital

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 66685

Primary Registration District No. 2110 Registered No. 41

FULL NAME OF CHILD Marjorie Helen Farnsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	1 9 1919

FATHER		MOTHER	
FULL NAME	Clarence Farnsworth	FULL MAIDEN NAME	Carrie Larson
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	wt AGE AT LAST BIRTHDAY 37 (Years)	COLOR	wt AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Rose Co Utah	BIRTHPLACE	Idaho
OCCUPATION	Taxi driver	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 430 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed Mar 12 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

NOV 1 4 1980

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 66685

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Farnsworth (male child) (Name on Original Certificate) who was born (Was Born or Died) on January 10, 1919 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by INSURANCE Policy - METropolitan LIFE Co. (Bible Record, Insurance Policy, Etc.) prepared on JUNE 2, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Helen Farnsworth
Child's Sex	Male	Female
Child's Date of Birth	January 10, 1919	January 9, 1919

Subscribed and sworn to before me this 21st day of MARCH, 1977

[signature]

Notary Public, residing at IDAHO FALLS, Idaho

My commission expires 22 AUG, 1980

(Seal)

Signed X Mrs. Marjorie Helen Farnsworth Franklin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 348 "I" Street

(Street Address, City, State)

Idaho Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNEVILLE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of NOVEMBER, 1980

[signature]

Notary Public, residing at IDAHO FALLS, Idaho

My commission expires LIFE TIME

(Seal)

Signed Ruth C. Hart

(Signature of Any Credible Person)

1475 Idaho Ave

(Street Address, City, State)

Idaho Falls, Idaho

Age 80 years

FORM DH 60-155 CL 8-2-63. one copy pd. rec. #08124.

H. S. Diploma gives name as Marjorie Helen Farnsworth
graduated May 20, 1937, from Ida Fls, Idaho H.S.
W. W. Christensen, Supt.
Viewed by V.S.
Insurance Policy issued by Infantile Policy Metropolitan
Life Ins. Co. Gives name as Marjorie H. Farnsworth
born June 2, 1924.
Viewed by V.S.
Certificate of Blessing gives name as Marjorie
Helen Farnsworth born June 2, 1924, daughter of
Oliver & Carrie Farnsworth.
Viewed by V.S.

MAR 21 1981

363-47-010-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66686

County of Bonneville

City of Ida Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. _____

Primary Registration District No. 2100 Registered No. 44

FULL NAME OF CHILD Enid Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas E Cole	FULL MAIDEN NAME	Eddie Averitt
RESIDENCE	Branford Ont	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Mount Pleasant U
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

_____ 19__

Filed Mar 12 1919 [signature] Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1972

866-208-010-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 66690

Primary Registration District No. 2100

Registered No. 40

FULL NAME OF CHILD Jane Hoffman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Jan 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christian Hoffman	FULL MAIDEN NAME	Alva Laura
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Arkalina N
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ida Falls

Filed Mar 12 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-107-010-213

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 [illegible]

[illegible]

Registration District No. 73 File No. .....

Primary Registration District No. 2140 Registered No. 29

FULL NAME OF CHILD Robert William Keefer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Zellinger Keefer	FULL MAIDEN NAME	Rolla Kaler
RESIDENCE	Idaho Falls	RESIDENCE	Ida Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Oakley K.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 33.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ida Falls Ida

Registrar

Filed Mar 12 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ted States
partment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Bonneville (b) City Idaho Falls
c) Street Address or R.F.D. No. Lava St.
d) Name of Hospital or Maternity Home: Private Home
e) Mother's stay **BEFORE** delivery: IN **THIS** county Six years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls.
(d) Street Address or R.F.D. No. Lava St.
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

FULL NAME OF CHILD Robert William Keefer.

5. Date of Birth of Child (Month, day, year) March 8, 1919.

Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Clyde Keefer
Color or Race White
12. Age at time of THIS birth 21 yrs.
Birthplace Idaho Falls, Idaho.
(City or town) (State or foreign country)
Exact Occupation Power Plant Operator
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rilla Lurah Kaler
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Oakley, Kansas.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ [illegible]

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as .....
(First name) (Last name) (Mother, etc.)

Attendant's **OWN** signature [illegible] M.D. Midwife Address Pocatello Ida Date Mar 17 19

te of Idaho
nty of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
tem 4, above, that I am now 45 years of age, that I have known this person for 23 years, and that Mrs. E. A. Kaler, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

NOV 3 1958

Mrs. Clyde Keefer Signature
St Anthony, Idaho P. O. Address

SEP 26 1958

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) [illegible] Notary Public, residing at St Anthony,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ived for filing on ..... by ..... 1942, Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-214-010-513

PLACE OF BIRTH

amended 3/3/80

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 66692

Primary Registration District No. 2142

Registered No. 3 L

FULL NAME OF CHILD Elsie H. Park

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kiung Whan Park	FULL MAIDEN NAME	Conception Naladez
RESIDENCE	Bonneville Co	RESIDENCE	Bonneville Co
COLOR	Korean	COLOR	Spanish
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Korean Isl	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Spencer M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Mar 1 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1966

OFFICIAL SEAL
RUTH ANN CAMPBELL
Notary Public - California
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
MY COMMISSION EXPIRES MAR. 24, 1980

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 14 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 66692
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Heu Teuk Park (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 14, 1919 (Date of Event)

in Idaho Falls, Idaho (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
chid's name	Jeu Tuek Park	Elsie H. Park

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Elsie H. Park
Signature of Applicant

3400 Madeline Dr San Jose Ca-95127
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1980.

Notary Public Ruth Ann Campbell
Residing at _____
My commission expires March 24, 1980
(Seal)

Margenita E Montano
Supporting Signature

30470 E Sumit Dr So, Redlands, Calif
Street Address, City, State

92373

L@/26/79 1cc pd. rec. # 6619

Social Security card 555 14 0768 gives name as Elsie Heidi Garcia. viewed by V. S.

Insurance policy grom Washington National Ins. Co. gives name as Elsie H. Garcia. dated June 1,1971. policy No. 64576. viewed by V. S.

69k-21-4:010-764

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3[illegible]

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 66693

Primary Registration District No. 21 V 0

Registered No. 37

FULL NAME OF CHILD ..... Eva May Fife

Sex of Child: Girl

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Feb (Month) 14 (Day) 1912 (Year)

FATHER

FULL NAME: Delmonte Fife

RESIDENCE: Coltman

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mary Godfrey

RESIDENCE: Coltman

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine J. Thompson

(Physician or midwife)

Address Box 94 Ucon Bonneville Co Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/24 19 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-221-010-383

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66694

County of Bonneville

City of Ucon

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2.1.0.

Registered No. 36

Hospital

FULL NAME OF CHILD Ethel Cramer

Sex of Child: Girl

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Feb. 21 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Alfred Cramer

RESIDENCE: Ucon

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Emily Tyler

RESIDENCE: Ucon

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: House wife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive [illegible]) on the date above stated, at 4:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

([illegible] midwife)

Address Box 94 Ucon Bonneville Co. Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 2/24 19 19

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

FEB 22 8 15 AM '79

Certificate No. 66694

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cramer (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1919 (Date of Event)

in Ucon, Idaho (Bonneville County) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Ethel Cramer

Subscribed and sworn to before me this 21 day of Feb, 1979

Harlan Clayton

Notary Public, residing at Ucon Idaho

My commission expires Nov 20, 1979

(Seal)

Signed Dora Cramer Frei (older sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 6 Box 403 Idaho Falls, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Feb, 1979

Harlan Clayton

Notary Public, residing at Ucon Idaho

My commission expires Nov 20, 1979

(Seal)

Signed Ruth Poole

(Signature of Any Credible Person)

Rt #8 Box 143G Idaho Falls Id

(Street Address, City, State)

FORM DH 60-155

Correction corresp. 10-24-78 (C) fc

Certificate of Blessing gives name as Ethel Cramer daughter of Alfred Cramer and Emily Tyler born Feb. 21, 1919 at Ucon Bonneville, Idaho and blessed April 6, 1919 in L.D.S.Church
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Ethel Cramer daughter of Alfred Cramer and Emily Tyler born Feb. 21, 1919 at Ucon, Idaho and Baptized 13th of March 1927 in L.D.S.Church. Confirmed a member March 13, 1927.
Viewed by V. S.

23X-222-010-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66695

County of Bonneville

City of Coltman

Registration District No. 23

File No.

No. ..... St.

Primary Registration District No. 2110

Registered No. 31

Hospital

FULL NAME OF CHILD Rhoda Marie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Feb. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Stucki	FULL MAIDEN NAME	Mary Anna Butikofer
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Switcherland	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Box 94 Nicon Bonneville Co Idaho

Filed 2/24 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-222-010-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66696

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No.

No. St.

Primary Registration District No. 2140 Registered No. 34

Hospital

FULL NAME OF CHILD BLANCHE HARRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	2/22/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard J Harris	FULL MAIDEN NAME	Emma Field
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 05 Number of children of this mother now living, including present birth 03

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2/22/19 (Born alive or stillborn) at 1:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 2/22 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 66696

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Blanche Harris

Subscribed and sworn to before me this 4th day of September 19 42.

L. Svendsen

Notary Public, residing at Shelley, Idaho

My commission expires June 16, 1943.

(SEAL)

Signed Willard R. Harris

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Shelley, Idaho, RFD 1 (Father)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September 19 42.

L. Svendsen

Notary Public, residing at Shelley, Idaho

My commission expires June 16, 1943.

(SEAL)

Signed Loyd P. Jones

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Shelley, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

SEP 8 1942

331-218-010-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 66697

Primary Registration District No. 2100 Registered No. 33

FULL NAME OF CHILD Lois Frances Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Barzilla W. Clark	FULL MAIDEN NAME	Ethel Peck
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Promoter & Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed 2/19 1919 Wm Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 7 1974

JAN 15 1953

245-103-010-963

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66698

Registration District No. 23 File No. .....

Primary Registration District No. 2110 Registered No. 32

FULL NAME OF CHILD David Pershing Bundte

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Bundte	FULL MAIDEN NAME	Mary Roth
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 Lo P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

..... Registrar

Filed 2/10 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1975

519104.010-251

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 66699

No. ..... St.

Primary Registration District No. 2140

Registered No. 31

Hospital .....

FULL NAME OF CHILD David Lindsay Earle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 4 1919

FATHER		MOTHER	
FULL NAME	Thomas L Earle	FULL MAIDEN NAME	Mary Arlene Bean
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Janesville Wis.	BIRTHPLACE	Richfield Ut.
OCCUPATION	Auto mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 108 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 2/14 1919 Wm Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-209-010-866

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 127 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 66700

Primary Registration District No. 2140 Registered No. 30

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm D Hines	FULL MAIDEN NAME	Bessie O Hoover
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Blackfoot Ida	BIRTHPLACE	Norton Kan
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Hammond

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Filed 2/18 1919 Wm Hammond

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314 117 010-275

PLACE OF BIRTH

[illegible] Bonneville

[illegible] OF IDAHO
[illegible] TAL STATISTICS
CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73

File No. 66701

No. ..... St.

Primary Registration District No. 2 1 7

Registered No. 29

Hospital .....

FULL NAME OF CHILD William Grant Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred H Campbell	FULL MAIDEN NAME	Julia Spendlove
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Morgan Ut.
OCCUPATION	Labour	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed 2/18 1919 [illegible]

Registrar

Registrar

FULL
MAIDEN
NAME

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Bonneville)

Certificate No. 66701

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for William Grant Campbell (Name on original certificate) who was born (was born or died) on Feb. 17, 1919 (Date of event) in Idaho Falls, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Metropolitan Life Insurance Co (Bible record, insurance plcy.etc.) prepared on Jan. 12, 1925 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
born Name	no name given	William Grant Campbell
Feb. 17, 1919 at Bonneville County, Idaho Falls, Idaho		
William Grant Campbell		

Subscribed and sworn to before me this 22nd day of October 1925.

Signed. Julia R. Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Whittier, Calif.

223 Cullen St. Whittier, Calif.
(Street address, City, State)

My commission expires.....

(SEAL)

~~SUPPORTING AFFIDAVIT OF A SECOND PERSON~~
(Both affidavits must be completed)

State of.....)
)ss
County of.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....19..

Signed.....
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at.....

.....
(Street address, City, State)

My commission expires.....
(SEAL)

445-2021010-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 66702

No. ..... St.

Primary Registration District No. 7117

Registered No. 24

Hospital .....

FULL NAME OF CHILD Phyllis Marie Munsee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron Frank Munsee	FULL MAIDEN NAME	Esther Barnes
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City Ut.	BIRTHPLACE	Kentucky
OCCUPATION	Baker	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed 2/17 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 992.211.43-691

[redacted] City

No. [redacted] St.

Registration District No. ..... File No. 66703

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Margaret May Rice .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 11 1919

FATHER		MOTHER	
FULL NAME	Dale C Rice	FULL MAIDEN NAME	Jessie Leola Francis
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Adair Co. Mo	BIRTHPLACE	Custer Co Neb
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6.25 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) O F Bloom M D

(Physician or midwife)

Address Hill City Idaho

..... 19.....

..... Registrar

Filed 9/15 1919 L. Wilencheck Registrar

PLAC

[redacted]

Ciudad

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City Caldwell — Registration District No. 3 — File No. 66704

No. 609 Grant St. — Primary Registration District No. 1005 — Registered No. 92

Hospital .....

FULL NAME OF CHILD Arthur Whelchel

Sex of Child: Male. | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? Yes. | Date of Birth: Feb. 17 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Arthur M. Whelchel	FULL MAIDEN NAME: Emma Belle Neal
RESIDENCE: Caldwell Idaho	RESIDENCE: Caldwell Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Photographer	OCCUPATION: H. W.

Number of child of this mother, including present birth: 4 — Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John L. Meyer, M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 2-16- 1919 John L. Meyer

Registrar

294-121-014-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66705

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

Primary Registration District No. 1005

File No. .....

Registered No. 25

Hospital .....

FULL NAME OF CHILD Alvin Christopher Brumley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 21 1919

FATHER		MOTHER	
FULL NAME	George Alvin Brumley	FULL MAIDEN NAME	Maud Ethel Courtis
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Colorado
OCCUPATION	Flour miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 45 A, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) .....

C. M. Raley M.D.
(Physician or midwife)

Address Caldwell Idaho

Filed 2-24-1920 John S. Meyer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

783-226-014-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 66706

Primary Registration District No. 1005 Registered No. 28

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb. 26 1919

FATHER		MOTHER	
FULL NAME	James Albert Pyle	FULL MAIDEN NAME	Goldie Belle Townsend
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Transfer man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kalus, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 3-2-1919 John S. Meiger

Registrar

VSK-227 VK-366

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1123 Arthur St.

Hospital Na

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66707

Primary Registration District No. 1005 Registered No. 30

FULL NAME OF CHILD Ado Erma Dement

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fema		Yes	Feb. 27 1919

FATHER		MOTHER	
FULL NAME	Oscar L. Dement	FULL MAIDEN NAME	Ocea L. Cookson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ills.
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John P. Meyer M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed 2-28 1919 John P. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sept 7-1923

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-204-014-271

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id Registration District No. 3 File No. 66708

No. 1205 Cleveland Blvd Primary Registration District No. 1005 Registered No. 36

Hospital

FULL NAME OF CHILD Betty Louise ~~Weaver~~ WEAVER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S.	2	Yes	3 (Month) 4 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Weaver WEAVER	FULL MAIDEN NAME	Etta Spalti
RESIDENCE	1205 Cleveland Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Knoxville Ia	BIRTHPLACE	Oakland Ia
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 3-12-1919 John S. Meyer

Registrar

Registrar

APR 2 1 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S14-109-04-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

Registration District No. 3

File No. 66709

No. ..... St.

Primary Registration District No. 1005

Registered No. 39

Hospital Miss Mynatt's Lying in Hospital

FULL NAME OF CHILD Donald Roy Vaughn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	1	Yes	3 (Month) – 9 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wesley R. Vaughn	FULL MAIDEN NAME	Leona Smith
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Eagle Grove Ia	BIRTHPLACE	Clear Water Co. Neb.
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 3-12-1919 John S. Meyer

Registrar

Registrar

128-209-01K-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton Id

Registration District No. 3

File No. 66710

No. ..... St.

Primary Registration District No. 2005

Registered No. 40

Hospital .....

FULL NAME OF CHILD Rose Mary Ashmun

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	S,		1	Yes	3-9-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Royal V. Ashmun	FULL MAIDEN NAME	Lena Neth
RESIDENCE	Middleton Id	RESIDENCE	Middleton Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Weeping Water Neb	BIRTHPLACE	Middleton Idaho
OCCUPATION	Baptist minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alm (Born alive or stillborn) at 6-52 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 3-12-1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1944

365-205-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66711

County of Canyon

City of Caldwell

No. Route 4 St.

Hospital

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 38

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	March 5 1917

FATHER		MOTHER	
FULL NAME	Ralph R. Longjoy	FULL MAIDEN NAME	Laura J. Burley
RESIDENCE	Caldwell Idaho Route 4	RESIDENCE	Caldwell Idaho, Route 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Central City, Nebraska	BIRTHPLACE	Near St. Louis, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Yeomans M.D.
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 3-8-1917 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

154-205-014-271

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66712

Primary Registration District No. 2005 Registered No. 37

FULL NAME OF CHILD Robert Merlin Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oral T. Andrews	FULL MAIDEN NAME	Anna Victoria Spaeth
RESIDENCE	Notus, Idaho	RESIDENCE	Notus, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 3-8-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~AUG 1 1962~~
AUG 8 1962

JAN 9 1976

/50/40 L. 3.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

919.203.014-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66713

County of Canyon

City of Middleton

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2

Registered No. 35

Hospital

FULL NAME OF CHILD Mildred Irene Von Marenholtz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Raul Von Marenholtz Walter Marenholtz	FULL MAIDEN NAME	Lucy Melton
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Viola Missouri	BIRTHPLACE	Spokane, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Filed 2-8-1919 John J. Meyer Registrar

Registrar

FEB 25 1949

PLACE OF BIRTH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 3 State File No. 66713

Hospital ..... Primary Registration District No. 2005 Local Registrar's No. 35

FULL NAME OF CHILD MILDRED IRENE Van MARENHOLTZ

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)			yes	March 3. 1919 (Month) (Day) (Year)

What bactercidal solution was used in eyes? .....

No. of child of this mother including present birth 1 No. of children of this mother now living including present birth 1

FATHER		MOTHER	
Full Name	Walter Marenholtz	Full Maiden Name	Lucy Melton
Residence	Middleton. Idaho	Residence	Middleton. Idaho
Color	White	Color	White
Age at last Birthday	22 (Years)	Age at last Birthday	20 (Years)
Birthplace	Viola, Missouri	Birthplace	Spokane, Missouri
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Born alive, at 12:15 A. M. on the date above stated. ~~Stillborn~~

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M. D.
(Physician or Midwife)

Give names added from a supplemental report

....., 19..... Address Caldwell, Idaho

APR 16 1934

..... Registrar. Filed 3/8/19 193 John S. Meyer Registrar.

THIS IS TO CERTIFY, That the above is a true and correct copy of a certificate of birth, filed in the Bureau of Vital Statistics, Department of Public Welfare, as directed by the Act of Legislature, approved March 9, 1911.

DEPARTMENT OF PUBLIC WELFARE

Date April 12, 1934 193 Pearl Dillingham
State Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible] IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 66714

Registered No. 34

FULL NAME OF CHILD Hannah Hinshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hinshaw	FULL MAIDEN NAME	Margarette Hazel Burnside
RESIDENCE	Greenleaf Idaho	RESIDENCE	Greenleaf Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3-8-1919 John S. Hayes Registrar

..... Registrar

PLACE OF BIRTH

SEP 11 1961

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 19 1944

466.202.016-443

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66715

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 33

FULL NAME OF CHILD Irene Downard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 2 1919

FATHER

FULL NAME Otto Downard

RESIDENCE Middleton, Idaho

COLOR White

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Washington County, Ma

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Mullaney

RESIDENCE Middleton, Idaho

COLOR White

AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Boise, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) James A. Young, M.D.

(Physician or midwife)

Address Caldwell, Idaho

Filed 3-8- 1919 John L. Meyer

Registrar

10/18/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66715

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Downard (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1919 (Date of Event)
in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Downard	Irene Downard

Subscribed and sworn to before me this 18th day of October, 19 77

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Effie A. McGrath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1425 N. Pine Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19..... Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

RECEIVED
BUREAU OF
VITAL STATISTICS
77 OCT 20 PM 4 38

FORM DH 60-155

Child's birth certificate issued by State of Idaho S.F.#306631 gives name of Mother as Irene Downard. Child born 1/15/41. viewed by V.S/

OCT 20 1977

Marrige License and Certificate from Idaho gives name as Lester Stevens and Irene Downard. dated June 24, 1940. viewed by V. S.

759.201-01X-249

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rural R. 6 St.

Hospital na

Form V. S. No. 11-0 Rev. 3-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 66716

Primary Registration District No. 2005 — Registered No. 32

FULL NAME OF CHILD Irene Perkel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 1st 1919

FATHER		MOTHER	
FULL NAME	George W. Perkel	FULL MAIDEN NAME	Ella Smith
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.45 P. M. on the date above stated.

(Signature) John L. Meyer M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 3-2-1919 John L. Meyer
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11

State of Idaho Public School Diploma gives name as Irene Perkel. Dated May 19, 1933
Viewed by VS.

IDAHO DEPARTMENT OF HEALTH

Own childs birth cert BUREAU OF VITAL STATISTICS ificate gives name as Irene Perkel. Dated January 23, 1945. On file in Idaho. File #401298.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 66716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1919 (Date of Event) in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Irene Perkel

Subscribed and sworn to before me this 2 day of November, 1950

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 20, 1964
(Seal)

Signed Etta Perkel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Wilder Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

NOV 9 1960

752-201-014-253 amended Sept. 12, 1979

PLACE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rus. 6 St.

Hospital

Registration District No. 3

File No. 66717

Primary Registration District No. 2005

Registered No. 31

FULL NAME OF CHILD Rosie Gebert

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fema.			Yes.	Mar. 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Gebert	Barbara Beck
RESIDENCE	Caldwell Idaho.	Caldwell Idaho
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - at 4 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Meyer M.D.
(Physician or midwife)

Address Caldwell - Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 3 - 2 - 1919 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/25/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66717

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Gebert (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1919 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Gebert	Rosie Gebert

Subscribed and sworn to before me this 25 day of May, 19 78

J Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Louisa Gebert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wilder Ida Rt 1 83676
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Social Security card, dated July, 1954, lists name as Rosie Gebert.
viewed by vs September 12, 1979

SEP 12 1979

Public School graduation diploma lists name as Rosie Gebert.
Graduated May 19, 1933, Caldwell, Idaho.
viewed by vs September 12, 1979

145-127-014-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66718

County of Canyon

City of Caldwell — Registration District No. 3 — File No.

No. St. — Primary Registration District No. 2005 — Registered No. 29

Hospital

FULL NAME OF CHILD Wayne Allen Raymond Munns

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) | Legitimate? yes | Date of Birth: Feb 27 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Glenn Carver Munns	FULL MAIDEN NAME	Elsie V. Davis
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oakdale Cal.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young, Physician (Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report. ..... 19.....

Filed 3-8- 1919 John L. Meyer Registrar

735-225-014-613

PLACE OF BIRTH
Name added 9-30-80

Form V. S. No. 11-O—2Km-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Illinois & Lindon Sts

Hospital no

Registration District No. 3

Primary Registration District No. 2005

File No. 66719

Registered No. 27

FULL NAME OF CHILD Richard Emory Glenn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 25 1919

FATHER		MOTHER	
FULL NAME	Robert E. Glenn	FULL MAIDEN NAME	Ida Watkins
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Farming	OCCUPATION	H. wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell - Idaho

19

Registrar

Filed 2-25-1919 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 66719
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Glenn (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 25, 1919 (Date of Event)
in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Richard Emory Glenn

Subscribed and sworn to before me this September -2 day of 1980

Notary Public, Edith Meads
Residing at Caldwell, Idaho 83605
My commission expires September 30-1984
(Seal)

Richard Emory Glenn
Signature of Applicant
Box 418, Route 3 Caldwell, Idaho
Street Address, City, State
83605

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Hazel M. Watkins Millikan
Supporting Signature
6513 Randolph Ave
Street Address, City, State
Boise, Idaho 83709

Certificate of Baptism gives name as Richard Emory Glenn a child of Robert E. Glenn and his wife Ida Glenn born on the 25th day of February 1919 at Caldwell, Idaho. Baptized June 11, 1922 at the First Presbyterian Church of Caldwell, Idaho.
Viewed by V.S.

Army of the United States separation Qualification Record issued January 25, 1946 Entered service October 16, 1941, born Feb. 25, 1919, This record show name as Richard Emory Glenn.
Viewed by V.S.

414.222.014-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 6 St.

Hospital

Registration District No. 3

File No. 66720

Primary Registration District No. 2005

Registered No. 26

FULL NAME OF CHILD Ruth Madden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 22 1919

FATHER		MOTHER	
FULL NAME	Isaac F. Madden	FULL MAIDEN NAME	Mary G. Remy
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Greenup, Kentucky	BIRTHPLACE	Ironton, Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Idaho

Filed 2-24-1919 John S. Meyer

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 66720

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Georgia Madden (Name on Original Certificate) who born (Was Born or Died) on Feb. 22 1919 (Date of Event)
in Huston, Canyon Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruth Madden

Subscribed and sworn to before me this 6th
day of October, 19 44.

Notary Public, residing at Caldwell, Idaho

My commission expires July 26 1946.
(Seal)

Signed J. F. Madden
(Signature of parent or attendant of the foregoing birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Parent of Ruth Georgia Madden

R#1 Wilder, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October, 19 44.

Notary Public, residing at Caldwell, Idaho

My commission expires July 26 1946.
(Seal)

Signed Mary E. Madden
(Signature of Any Credible Person Other Than Previous Year)
Parent of Ruth Georgia Madden

R#1 Wilder, Idaho
(Street Address, City, State)

OCT 11 1944

359-120-014-631

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C ~~Rev. 8-8-17~~

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66721

Primary Registration District No. 2005 Registered No. 24

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 20 1919

FATHER		MOTHER	
FULL NAME	Philip Leibig	FULL MAIDEN NAME	Florence E. Flagg
RESIDENCE	R5, Caldwell Idaho	RESIDENCE	R5, Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Alsace-Lorraine	BIRTHPLACE	Dayton, Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 oo A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

(Signature) .....

James A. Young M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 2-24-1919 John S. Meyer

614-217-014-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66722

County of Canyon

City of Caldwell

No. R.F.D. 3 St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 23

FULL NAME OF CHILD Mary Jane Wade

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	S,	1	yes	2 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bratton Wade	FULL MAIDEN NAME	Nettie McCearen
RESIDENCE	Caldwell Id R 3	RESIDENCE	Caldwell Id R 3
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Vernon Parrish La	BIRTHPLACE	Farmer's Exchange Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Gus M D

Caldwell

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho

Registrar

Filed 2-25-1919 John P. Meyer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1942

APR 14 1959

693-215-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R4

Registration District No. 3

File No. 66723

No. ..... St.

Primary Registration District No. 2005

Registered No. 21

Hospital .....

FULL NAME OF CHILD Mildred Wilson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S	1	yes	Feb 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy L. Wilson	FULL MAIDEN NAME	Evedna ~~Wel~~ Harling
RESIDENCE	Caldwell Id R4	RESIDENCE	Caldwell Id R4
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Gainsville Tex	BIRTHPLACE	Albuquerque N. Mex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Guy M. D.

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 2-23-1919

John T. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 66723

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Wilson	Mildred Wilson

Subscribed and sworn to before me this 15th day of January, 19 42

Fred M. Taylor

Notary Public, residing at Boise, Idaho

My commission expires 11/10/47

(SEAL)

Signed Mrs C. L. McAdams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RR #3 Caldwell

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR NG

WRITE PLAINLY WITH UNFADING INK THIS IS ERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

556-C114-014-414

County of Canyon

City of Caldwell

No. ..... St.

Hospital Miss Minot's Lying in Hosp

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 66724

Primary Registration District No. 2005 Registered No. 90

FULL NAME OF CHILD Hubert Ross Newman Jr. 66724

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	8	1	Yes	2-14-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hubert R. Newman	FULL MAIDEN NAME	Bertha Mannman
RESIDENCE	Caldwell Id R 4	RESIDENCE	Caldwell Id R 4
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Knoxville Tenn	BIRTHPLACE	Roswell Id
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gale M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 2-15-1919 John P. Meyer

Registrar

Registrar

FEB 6 194
JUN 12 194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-209.014-219

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—~~Rev. 6-31~~

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell 2 RR 4 Registration District No. 3 File No. 66725

No. ..... St. Primary Registration District No. 2005 Registered No. 19

Hospital .....

FULL NAME OF CHILD ~~Barbara~~ Gary Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S	3	Yes	2-7-19

FATHER

FULL NAME Everett G. Kendall

RESIDENCE Caldwell 2 RR 4

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Gage Co Neb

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence G. Bain

RESIDENCE Caldwell 2 RR 4

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Lincoln Neb

OCCUPATION Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M. D.

(Physician or midwife)

Address Caldwell 2d

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-15-1919 John L. Meyers

Registrar

AUG 27 1952

884-122-004-168

PLACE OF BIRTH

[redacted]

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 33

Primary Registration District No. 2132

File No. .....

Registered No. 66726

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	2-22-1919

FATHER		MOTHER	
FULL NAME	Geo Albert Hymas	FULL MAIDEN NAME	Emma Johnston
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Liberty	BIRTHPLACE	Enid
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 P. M. on the date above stated.

(Signature) P. L. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 3-10-1919 S. P. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-222-004-168

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 3-3

Primary Registration District No. 2132

File No. _____

Registered No. 66727

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1 Only	Yes	2-22-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Albert Wyman	Emma Johnson
RESIDENCE	Liberty	Liberty
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Liberty	Ovid
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) R. D. Sutton

(Physician or midwife)

Address Paris Idaho

Filed 3-10-1919 R. D. Sutton

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-220-004-266

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66728

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Virginia Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan. 20th 1919

FATHER	MOTHER
FULL NAME Clarence Shepherd	FULL MAIDEN NAME Anida Bowen
RESIDENCE Paris, Idaho	RESIDENCE Paris Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Paris, Idaho.	BIRTHPLACE Montpelier Idaho
OCCUPATION Merchant	OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-10- 1919

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 29 10 08 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 66728

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Shepherd (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1919 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Virginia Shepherd

Subscribed and sworn to before me this 17TH day of JUNE, 1973

Richard A. Guzman

Notary Public, residing at FLAGSTAFF, ARIZ

My commission expires My Commission Expires July 14, 1976

(Seal)

Signed Virginia A. Faulkner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ARIZONA
County of COCONINO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17TH day of JUNE, 1973

Richard A. Guzman

Notary Public, residing at FLAGSTAFF, ARIZ

My commission expires My Commission Expires July 14, 1976

(Seal)

Signed Lewis C. Bowen

(Signature of Any Credible Person)

Sedona, Arizona

(Street Address, City, State)

FORM DH 60-155

CL 5/15/73 $1 ret'd

Certificate of Birth from LDS Church gives name as Virginia Shepherd born Jan. 19, 1919. Father's name given as Clarence Shepherd anf the mother's name given as Anida Bowen. Entered on record April 13, 1919. Viewed by VS

JUL 5 1973

Record of Children Blessed by Elders of the LDS Church gives name as Virginia Shepherd. Born Jan. 1919. Viewed by V. S.

445-110-025-317

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 66729

Primary Registration District No. 2184 Registered No. 7

FULL NAME OF CHILD Daniel Hezekiah Dunham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dan Dunham	FULL MAIDEN NAME	Mildred Capwell
RESIDENCE	Kooskia — Idaho	RESIDENCE	Kooskia — Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmoes

Physician (Physician or midwife)

Address Kooskia — Idaho

Filed March 1919 J M Verbeekmoes Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

SEN

275-113-025-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 66730

Primary Registration District No. 2184 Registered No. 8

FULL NAME OF CHILD Johnson Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Johnson Spencer	FULL MAIDEN NAME	Mary Penny
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Johnson Spencer
Father
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed March 1 1919 J M Verbeckmoes
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
213-106-025-693

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. 66731

Primary Registration District No. 2184

Registered No. 6

FULL NAME OF CHILD Robert-Joseph Baldwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Baldwin	FULL MAIDEN NAME	Mollie Wilson
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia Idaho

Filed March 1 1919 J M Verbeekmoes Registrar

..... Registrar

S-Y CO. 20174

JUL 31 1972

Form V. S. No. 11-C—[illegible]

[illegible]ISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Gooding

Registration District No. [illegible]

File No. 66732

No. _____ St.

Primary Registration District No. 2014

Registered No. _____

Hospital _____

FULL NAME OF CHILD Moyer - Samuel Kiebler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	2 9 1919

FATHER		MOTHER	
FULL NAME	James E Moyer	FULL MAIDEN NAME	Susan Kiebler
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ind	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per Jme.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 3-9-1919 F. T. Cary M.D. Registrar

S-Y-CO 38071

STATE OF IDAHO
VITAL STA

ICATE OF BIRT

PLACE OF BIRTH

County of

CD

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66 [illegible]
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding Idaho

FULL NAME OF CHILD Samuel Kiebler Moyer

5. Date of Birth of Child (Month, day, year) February 9, 1919

Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME James Elmer Moyer
Color or Race white
12. Age at time of THIS birth 50 yrs.
Birthplace Rancelier (City or town) Indiana (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Lulu Kiebler
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mankato (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature H E Lamb M.D. ~~Midwife~~ Address Eugene Ore Date Apr 10th 42

te of Idaho
nty of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Dr. H. E. Lamb (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

X Susie Lulu Moyer Signature
Gooding P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942.
(SEAL) A Agarlock Notary Public, residing at Gooding
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on APR 24 1942 by APR 2 9 1942, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31X-209

PLACE O[redacted]

024759

County of Goodhue

City of Goodhue

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 66733

Primary Registration District No. 2014 Registered No. _____

FULL NAME OF CHILD Ida Lee Lamb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 9 1919

FATHER

FULL NAME: Harry E Lamb

RESIDENCE: Goodhue

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Wisc

OCCUPATION: M. D.

MOTHER

FULL MAIDEN NAME: Effie Jergen

RESIDENCE: Goodhue

COLOR: W

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Wisc.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a. M. on the date above stated.

(Signature) H. E. Lamb per Jno

(Physician or midwife)

Address _____

Filed 3-9-1919 F. J. Cary M. D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

Form V.S. No. 11-C—25m-8-15

STATE OF IDAHO

BIRTH

MAR 4 1957

Nov. 12, 1940 L.B. 1 copy

386.104.224-632

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
~~BUREAU OF VITAL STATISTICS~~

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24

File No. 66734

Primary Registration District No. 2014

Registered No. .....

FULL NAME OF CHILD Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	2 (Month) - 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Thompson	FULL MAIDEN NAME	Signid Alson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	S. D	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-9-1919 F. T. Cary M.D.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33'-213:024-239

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 66735

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Lila Louise Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	2 13 1917

FATHER		MOTHER	
FULL NAME	Elias M. Clark	FULL MAIDEN NAME	Lana Strickland
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ill	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Ill
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Land M.D.

(Physician or midwife)

Address Gooding Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-9-1917 H. H. Carey M.D.
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-116-024-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

No. _____ St.

Hospital _____

Registration District No. 24

File No. 66736

Primary Registration District No. 2014

Registered No. _____

FULL NAME OF CHILD Black, Robert Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	2 16 1919

FATHER		MOTHER	
FULL NAME	Chas. Black	FULL MAIDEN NAME	Adelaide Chase
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Me
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per Jms

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Gooding Ida

_____ 19__

Filed 3-9-19 F. T. Cary M.D.

Registrar

Registrar

8-Y-CO 38071

1/16/41 L. B.

795·103·02X-495

PLACE OF BIRTH

County of Gording

City of Gording

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 **File No.** 66737

Primary Registration District No. 2014 **Registered No.** .....

Full Name of Child Jack Everet Pregson

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James E. Pregson	FULL MAIDEN NAME	Beulah Mink
RESIDENCE	Blaine, Idaho	RESIDENCE	Fairfield, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Soldier, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm P Higgs

M D (Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address Gording Ida

Filed 3—9—1919 H. Cary M. D. Registrar

...SERVED FOR BINDING

...TH UNFADING INK—THIS IS A PERMANENT RECORD

...than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1974

553-124-024-168

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66738

County of Gording

City of Gording

No. ..... St.

Hospital Gording

Registration District No. 24

Primary Registration District No. 2014

File No. .....

Registered No. .....

Full Name of Child Bruce Albert Nelsen

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Feb. (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert E. Nelsen	FULL MAIDEN NAME	Hannah Johnston
RESIDENCE	Gording, Ida	RESIDENCE	Gording Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ireland
OCCUPATION	R R Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Witt P Higgs

M D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Gording, Idaho

Filed 3-9- 1919 F. L. Cary M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1943

613-214-024-63

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 24

File No. 66739

Primary Registration District No. 2014

Registered No. .....

FULL NAME OF CHILD Virginia Jane Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	2 — 14 — 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. E. Walker	Daisy M. Tales
RESIDENCE	Gooding Ida.	Gooding Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Virginia	Mass.
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9¼ A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey M.D.
(Physician or midwife)

Address Gooding Idaho.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 2—16—1917

F. F. Carey M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/20/40 L. B.

695·123·024-000

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-5-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66740

Registration District No. 24 File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD William Everett Winston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	2 — 23 — 1919

	FATHER	MOTHER
FULL NAME	W. A. Winston	Myrtle Virginia
RESIDENCE	Gooding Ida	Gooding Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	N. Dakota	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Carey

M. D.
(Physician or midwife)

Address Gooding, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2 — 23 — 1919 F. J. Carey M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 66740

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William L. Winston (Name on Original Certificate) who Born (Was Born or Died) on February 23, 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by knowledge of mother (Bible Record, Insurance Policy, Etc.) prepared on March 28, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Winston	William Everett Winston

Subscribed and sworn to before me this 10 day of April 1944

Notary Public, residing at Buhl

My commission expires 1/14/47
(Seal)

Signed Mrs. W. A. Winston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 20 1944

855-101-024-214

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

STICS

County of Gooding

CERTIFICATE OF BIRTH 66742

City of Bliss

Registration District No. 24 File No.

No. St.

Primary Registration District No. 2044 Registered No.

Hospital House

FULL NAME OF CHILD Hubert Russell Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 — 1 — 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Circh Henderson	Cora Saunders
RESIDENCE	Bliss	Bliss
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	26
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Carey

M. D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

19

Registrar

Filed 3 — 2 — 19 17 F. J. Carey M. D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI

285-202-006-653

PLACE OF BIRTH

Form V. S. No. 11[illegible] 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66763

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. ~~4~~ 8

Registered No. ~~448~~ 355

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan. 2 1919

FATHER	MOTHER
FULL NAME: Don Shelman	FULL MAIDEN NAME: Myrtle Jeanette Wells
RESIDENCE: Springfield, Ida.	RESIDENCE: Springfield, Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed Jan. 2 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699.106.006.695

PLACE OF BIRTH

Form V. S. No. 11-C-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 66764 ~~4~~ 8

Registered No. ~~348~~ 3/60

FULL NAME OF CHILD ~~Unnamed Friesen~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 6 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Jacob F Friesen	FULL MAIDEN NAME: Katrina Wiebe
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Registrar

Filed 4 19 19 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-110-006-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

66765

County of Bingham

City of Aberdeen

Registration District No. 116

File No.

No. ..... St.

Primary Registration District No. 2195

Registered No. 44 36

Hospital .....

FULL NAME OF CHILD Raymond Wesley Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan. 10 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Charles Wesley Jones	FULL MAIDEN NAME: Grace Margaret Petty
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: New Jersey	BIRTHPLACE: New Jersey
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Registrar

Filed Jan 10 19 19

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S13-119-006215

PLACE OF BIRTH

STATE OF IDAHO — Form U. S. No. 1 — 9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6676

County of Bingham

City of Springfield Aberdeen Registration District No. 116 File No. X 8

No. St. Primary Registration District No. 2195 Registered No. 362

Hospital

FULL NAME OF CHILD Allen Anthony Valenty

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 19 19 9

FATHER

FULL NAME: Salvador Valenty

RESIDENCE: Springfield, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Italy

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Assunta Sanelli

RESIDENCE: Springfield, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: New York

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Aberdeen, Ida.

Filed Jan. 19 19 1919

Registrar

MAR 6 1942

MAR 1 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66766
County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth of Allen A. Valenty (Birth or Death) for Leo Valenti (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1919 (Date of Event) in Springfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared at Blackfoot, Ida (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leo Valenti	Allen A. Valenty
father's name	Salvador Valenti	Salvador Valenty
mother's name	Sunday Sanelli	Assunta Sanelli

Subscribed and sworn to before me this 10th day of March, 1942

J. D. Smith
Notary Public, residing at Pocatello
My commission expires 5-3-43
(Seal)

Signed Tom Valenti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1942

J. D. Smith
Notary Public, residing at Pocatello Ida
My commission expires 5-3-43
(Seal)

Signed Merle Stahlnecker
(Signature of Any Credible Person Other Than Previous Year)

605-fo11 Poca. Ida
(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 66766

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Allen Anthony Valenty (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Italy	New York

Subscribed and sworn to before me this 21st
day of ~~May~~ April, 19 42.
Marion K. Coleman
Notary Public, residing at Pocatello, Idaho
My commission expires November 7, 1944
(Seal)

Salvatore
Signed Sam Valenty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of April, 19 42.
Marion K. Coleman
Notary Public, residing at Pocatello, Idaho
My commission expires November 7, 1944
(Seal)

Signed Assunta Valenty
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 24 1942

MAY 12 1942

MAY 4 1942

JUN 1977

165·219·006-819

PLACE OF BIRTH

Form V. S. N[illegible] m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

667

County of Bingham

City of Sterling Registration District No. 116 File No.

No. St. Primary Registration District No. 2195 Registered No. 363

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 19 9

FATHER	MOTHER
FULL NAME: John William Jones	FULL MAIDEN NAME: Florence Viola ~~James~~ Hardy
RESIDENCE: Sterling, Ida.	RESIDENCE: Sterling Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Registrar

Filed Jan. 19 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234·121·006-243

PLACE OF BIRTH

amend 12-21-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-[redacted]7

66768

County of Bingham

City of Sterling

Registration District No. 116

File No.

No. .....St.

Primary Registration District No. 2195

Registered No. 364

Hospital

FULL NAME OF CHILD Urban Frank Kluesner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 21 191 9

FATHER	MOTHER
FULL NAME: Harry George Kluesner	FULL MAIDEN NAME: Martha Bucholtz
RESIDENCE: Sterling, Ida.	RESIDENCE: Sterling, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ...bornalive... (Born alive or stillborn) at 3-30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.D. [illegible]

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jan. 28 19 19

[illegible]
Registrar

12-3-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 16 11 09 AM '81

State of Missouri
County of Franklin } ss.

Certificate No. 66768
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 21, 1919 (Date of Event)

in Sterling (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Unnamed	Urban Frank Kluesner
Fathers last name	Kleusner	Kluesner

Subscribed and sworn to before me this 2nd day of January, 1981.

Notary Public Doris Feldmann

Residing at DORIS FELDMANN
NOTARY PUBLIC, STATE OF MISSOURI
My commission expires MY COMMISSION EXPIRES JULY 22, 1984
FRANKLIN COUNTY

(Seal)

Urban Frank Kluesner
Signature of Applicant

Leadore Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Peter W. Kluesner
Washington, Mo.

Alvina Wilson
Supporting Signature

Washington Mo 63090
Street Address, City, State

iccpd

Cert of Baptism from Roman Catholic Church gives Urban Frank Kluesner child of Harry Kluesner and Martha Bucholtz born in Sterling Idaho on 1-21-19 was baptised on 2-20-19. Viewed by V.S.

DEC 21 1987

Insurance Policy from Life & Casualty Company gives Urban F Kluesner age 53 as Insured. Date of Issue of policy is 6-23-72. Viewed by V.S.

691-225-006-68-5

PLACE OF BIRTH

Form V. S. No. [illegible]-9-8-17

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66769

County of Bingham

City of Aberdeen Registration District No. 116 File No. 48

No. ..... St. Primary Registration District No. 2195 Registered No. 365

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan. 25 1919

FATHER		MOTHER	
FULL NAME	Grover Nathaniel Wray	FULL MAIDEN NAME	Birdice Irene Wheeler
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Registrar

Filed Jan. 25 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11—25m-9-8-15

PLACE OF BIRTH

289-102-014-814

County of Canyon

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 66772

Primary Registration District No. 2007

Registered No. 15

FULL NAME OF CHILD Alton Leonard Shirtz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Jan (Month) 2 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Shirtz	FULL MAIDEN NAME	Clara Hamilton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb 8 1919 [illegible]

Registrar

S-Y-CO. 38071

OCT 19 1955

D13.117.004-434

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 8007

File No. 66773

Registered No. 16

FULL NAME OF CHILD HAROLD JAMES BATT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 17 1917

FATHER		MOTHER	
FULL NAME	Roger Batt	FULL MAIDEN NAME	Irene McDonald
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Chico, California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

(Signature) .....

James A. Young, M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 19, 1917 Lucile Waldeck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 66773
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Batt	Harold James Batt

Subscribed and sworn to before me this 29th day of May, 19 45

Notary Public, residing at Wilder, Idaho
My commission expires Apr. 18, 1947
(Seal)

Signed Mrs Roger W. Batt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wilder, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are, true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUN 4 1945

669-119-014 - 795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Huston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 66774

Primary Registration District No. 1007

Registered No. 17

FULL NAME OF CHILD Donald Robert Workman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 19 1919

FATHER		MOTHER	
FULL NAME	John Workman	FULL MAIDEN NAME	Delia Linstroth
RESIDENCE	Huston, Idaho	RESIDENCE	Huston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Preston, Minnesota	BIRTHPLACE	Preston, Minnesota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

(Signature) .....

James A. Young M.D. (Physician or midwife)

Address Caldwell Idaho

Filed Feb 28 1919 Lucie Waldron

7-23-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 26 1971 Bureau of Vital Statistics

State of Idaho } ss. Certificate No. 66774

County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Workman (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1919 (Date of Event)

in Huston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate 8 June, 1942 Army Honorable Discharge (Bible Record, Insurance Policy, Etc.) prepared on 5 November, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Donald Robert Workman

Subscribed and sworn to before me this 24th day of July, 1971

Notary Public, residing at Rupert Idaho

My commission expires 1/1/75

(Seal)

Signed Wilbert H. Moller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 6th Street, Rupert, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1971

Notary Public, residing at Rupert Idaho

My commission expires 1/1/75

(Seal)

Signed G. W. Masterson

(Signature of Any Credible Person)

1015 I Street, Rupert, Idaho

(Street Address, City, State)

FORM DH 60-155

no corresp (Rush)

Certificate of Baptism from Church of St. Paul, ~~XXXX~~ Nampa, Idaho gives child's name as Donald Robert Workman Son of John Workman and Delia Linstroth. Born in Huston Station on the 19th of Feb. 1919. Was Baptised Apr. 27, 1919 by Rev. J. B. Capisius. Viewed by V. S .

JUL 26 1971

Honorable Discharge from US Army gives name as Donald R. Workman, 39 677 873 First Sergeant. Dated November 5, 1945 from Separation Center, Fort Douglas, Utah. Signed by William Gramlich, Major AGD. Viewed by V. S.

415-203-014-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D.

Registration District No. 9

File No. 66775

No. ..... St.

Primary Registration District No. 2007

Registered No. 18

Hospital .....

FULL NAME OF CHILD Naomi Vivian Davis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)	3rd	yes	Feb 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George C Davis	FULL MAIDEN NAME	Josie Hall
RESIDENCE	Parma R.D.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Mar 1 1919 Lulu Nalo[illegible] Registrar

..... Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-217-01K-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D.

Registration District No. 3 File No. 66776

No. ..... St.

Primary Registration District No. 2007 Registered No. 19

Hospital .....

FULL NAME OF CHILD Lois Evelin Hetrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	Yes	Feb 17 1919

FATHER		MOTHER	
FULL NAME	Ivan B Hetrick	FULL MAIDEN NAME	Catherine Karn
RESIDENCE	Parma R.D.	RESIDENCE	~~S.D.~~ Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Ill.	BIRTHPLACE	S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ida

Filed March 11 1919 Lulu Waldrop

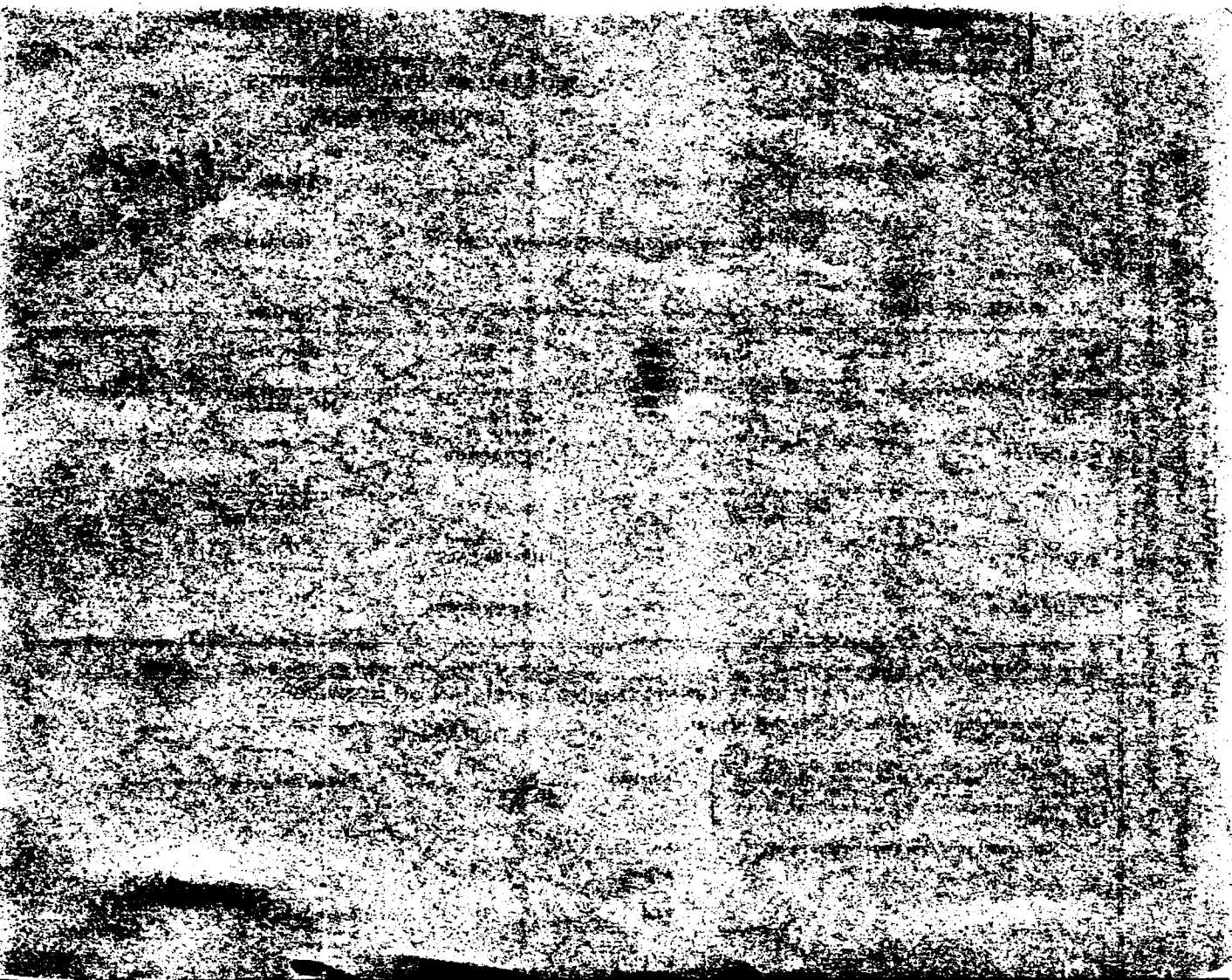
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



285:124:014-345

PLACE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 66777

Primary Registration District No. 2007

Registered No. 20

FULL NAME OF CHILD ALTON SHEPARD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 24th 1919

FATHER		MOTHER	
FULL NAME	Joseph F. Shepard	FULL MAIDEN NAME	Clara P. L. Lund
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	North Carolina	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. V. B. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar 1 1919 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Clatsop } ss.

Certificate No. 66777

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alton Shepard (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alton Shepard
Date	Feb. 26th	Feb. 24, 1919

Subscribed and sworn to before me this 30th
day of July, 1943.
John Cannon
Notary Public, residing at Seaside, Ore.
My commission expires Jan. 10, 1945.
(Seal)

Signed Klara Shepard Erickson (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
433 Broadway - Seaside Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Clatsop } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of July, 1943
John Cannon
Notary Public, residing at Seaside, Ore
My commission expires Jan. 10, 1945.
(Seal)

Signed Hannah M. Saunders
(Signature of Any Credible Person Other Than Previous Year)
717 Ave C Seaside Oregon
(Street Address, City, State)

AUG 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-219-014-235

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66778

County of Canyon

City of

Registration District No. 2

File No.

No. St.

Primary Registration District No. 2007

Registered No. 21

Hospital

FULL NAME OF CHILD Ruby Iola Chamberlain

Sex of Child fem.

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Feb 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd A. Chamberlain	FULL MAIDEN NAME	Ruby Sleeper
RESIDENCE	Wilder R. 1.	RESIDENCE	Wilder R 1.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-11 1919 Ruby Waldrop

Registrar

S-Y-CO. 38071

319-227-01X-551

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66779

County of Canyon

City of Parma R.D.

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2007 Registered No. 22

Hospital

FULL NAME OF CHILD Rebecca Carlyle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		3rd	Yes	Feb 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Carlyle	FULL MAIDEN NAME	Letha Evans
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma Ida.

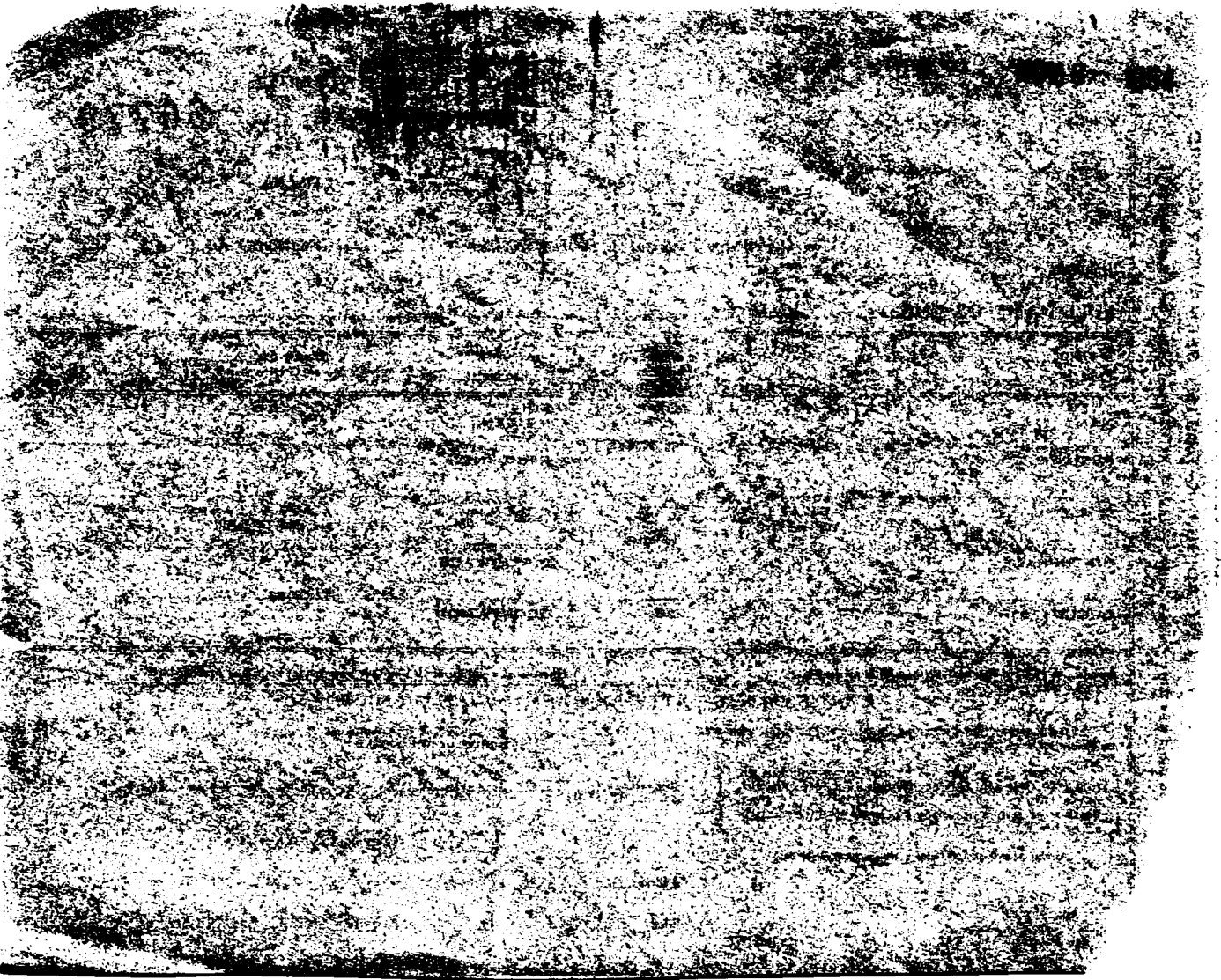
Filed 3/11 1919 Lucy Waldrop
Registrar

Registrar

-Y CO. 24698

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



755 229 214 957

9

Form V. S. No. 11-G—[illegible]-17

PLACE OF BIRTH

[illegible] TICS

[illegible] TE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital .....

Registration District No. 3

File No. 66780

Primary Registration District No. 2007

Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	R. W. Gentry	FULL MAIDEN NAME	Ethel Ingram
RESIDENCE	Copperfield, Oregon	RESIDENCE	Copperfield, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kelly, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed March 10 1919 Pulu Waldrop

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

363-104-014-257 name added 12/1/80

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. 5 St.

Hospital

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66781

Registration District No. 3

File No.

Primary Registration District No. 2007

Registered No. 17

FULL NAME OF CHILD Harry W. Collord

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Feb. (Month) 4 (Day) 1919 (Year)

FATHER

FULL NAME: Lloyd R. Collord

RESIDENCE: Greenleaf Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Dwight, Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Grace Sears

RESIDENCE: Greenleaf, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Kansas City, Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. James A. Young (M.D.)
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell, Idaho

Filed Feb 8 1919 Lulu Waldrop

6/30/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 66781
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of ~~Death~~ Birth

for Unnamed Collard (Name on Original Certificate) who Was born (Was Born, Died, etc.) on February 4, 1919 (Date of Event)
in Greenleaf, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Collord	Harry Worden Collord

Subscribed and sworn to before me this 27 day of Sept., 1980
Notary Public, Douglas T. Nelson
Residing at Salem Ore. Marion County
My commission expires 5-12-83
(Seal)

x Harry Worden Collord
Signature of Applicant
x2030 Nauget Ct Salem Oregon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Sept- 1980
_____, 1980.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Ural L. Collord
Supporting Signature
2030 Nauget S.E
Street Address, City, State

Rush

Marriage license and certif from Idaho gives names as HarryW. Collord and Ava Jean Peacock. married Aug. 20, 1941. viewedby V.

Honorable Discharge from the US Army gives no. as Harry W. Collord born Feb 1919 discharged Juyl 21 1945. viewed byV. S.,

DEC 2 1980

360-217-035-249

PLACE OF BIRTH

County of Lewis Perce

City of Cul De Sac

No ....., ... St.

Registration District No 48

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form [redacted]

File No. 52

Hospital .....

Primary Registration District No. 2127

Registered No. 86

FULL NAME OF CHILD Estella Marie Cook

Sex of Child Fem	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Jan (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Berton Clark Cook	FULL MAIDEN NAME	Mabel May Burch
RESIDENCE	Farmdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E M W Laughlin
Physician
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester Ida

Filed Feby 19 1919 John L. Kelly
Registrar

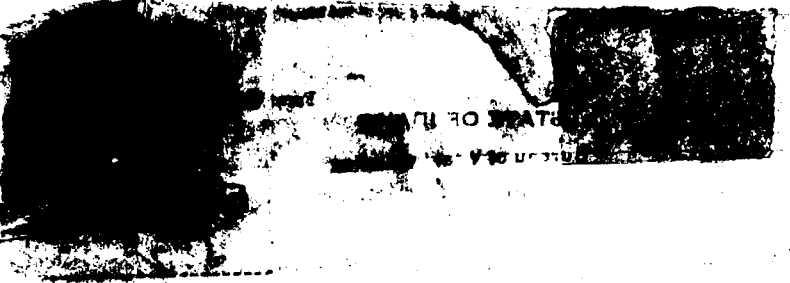
Registrar

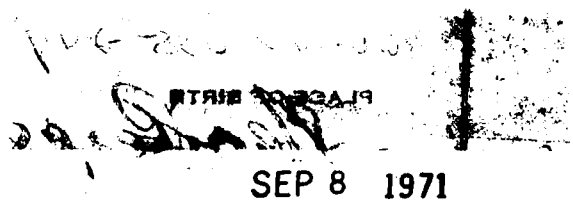
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated





SEP 8 1971

695-211-031-271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lecons

City of Forest

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

66792

Registration District No. 48 File No. 54

Primary Registration District No. 2127 Registered No. 88

FULL NAME OF CHILD Mildred Esther Freeburn

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Feb. 11, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Allen Freeburn	FULL MAIDEN NAME	Winifred Isabella Spurbeck
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 30 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm A. Freeburn

Father (Physician or Midwife)

Given names added from a supplemental report

Card sent 1919

Address Forest, Idaho

Filed Feb 19 1919

J.K. Registrar

Registrar

SYMS.-YORK CO., PTRS. & BDRS. 17[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 66792

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for No name (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 11th, 1919 (DATE OF EVENT)
in Forest, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Mildred Esther Freeburn
birthdate	Feb. 13, 1919	Feb. 11, 1919

Subscribed and sworn to before me this 25th
day of March, 1942

Notary Public, residing at Seattle
My commission expires Feb. 3rd, 1944
(SEAL)

Signed Winifred Isabella Freeburn Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

714 Warren Avenue, Seattle
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of May, 1942

Notary Public, residing at Seattle
My commission expires 4-21-43
(SEAL)

Signed Effie W Spurlock
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Coulee City, Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 5 1942 By
(REGISTRAR'S SIGNATURE)

MAY 8 1942

APR 24 1974

219-107-031-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-4

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

66793

County of Lewis

City of Winchester

Registration District No. _____ File No. 55

No. _____, _____ St.

Hospital _____ Primary Registration District No. _____ Registered No. 89

FULL NAME OF CHILD Frank Vincent Barton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Feb 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Almer Max Barton	FULL MAIDEN NAME	Cecelia Riley
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Lumber Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. W. Laughlin

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Winchester, Ida.

Filed Feb 19 1919 John Kelly Registrar

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17820

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-223-031-259

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. R7D St.

Registration District No. 48 File No. 66795

Hospital

Primary Registration District No. 2127 Registered No. 91

FULL NAME OF CHILD Ruby Leona

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Feb 23 1919

FATHER		MOTHER	
FULL NAME	Levi Patterson	FULL MAIDEN NAME	Alice Gertrude Berreman
RESIDENCE	Winchester	RESIDENCE	Ilo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	14
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Laborer Fk.	OCCUPATION	School Girl Fk.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 45 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Brown Ant (Signature) J. E. McLaughlin

Physician (Physician or Midwife)

Given names added from a supplemental report

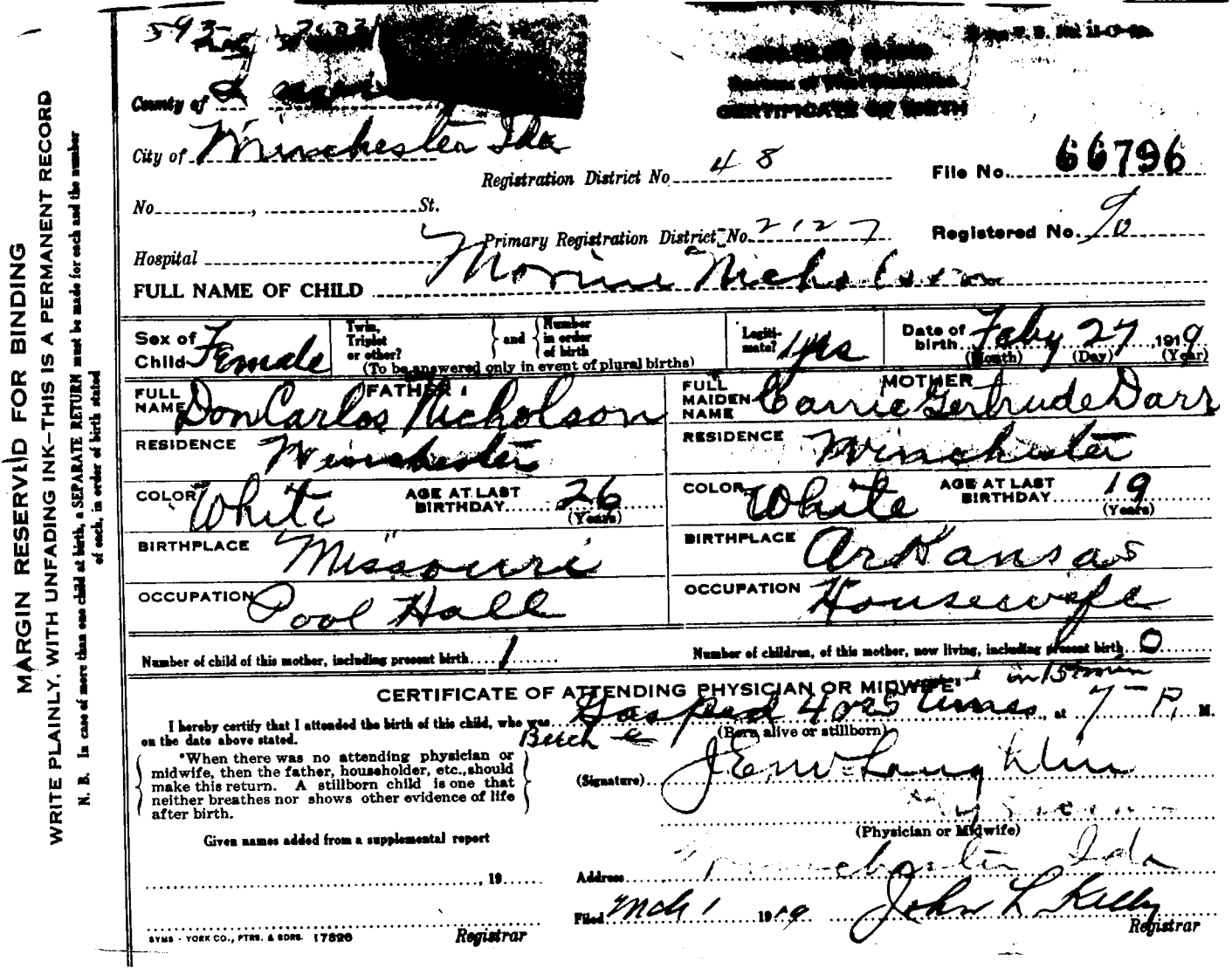
Address Winchester Ida

..... 19.....

Filed Mch 1 1919 John L. Keller

Registrar

NYMS - YORK CO., PTRS. & SDRS. 17826



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

593 [illegible]

County of [illegible]

City of Winchester Ida

Registration District No. 48

File No. 66796

No. ....., ... St.

Primary Registration District No. 2127

Registered No. 90

Hospital .....

FULL NAME OF CHILD Morine Nicholson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Feby 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don Carlos Nicholson	FULL MAIDEN NAME	Carrie Gertrude Darr
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Pool Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Gasped 4 or 5 times in 15 min at 7 P. M. on the date above stated.

Birth [illegible] (Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. W. Laughlin

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Winchester Ida

Filed Mch 1 1919 John L. Kelly

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] No. 9 [illegible] 3

[illegible]

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. .....

File No. 66797

Registered No. .....

FULL NAME OF CHILD Christine Peter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan'y (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Peter Anasta	FULL MAIDEN NAME	Marie Madelaine
RESIDENCE	DeSmet, Ida	RESIDENCE	DeSmet, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	66 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Coeur d'Alene Reserve	BIRTHPLACE	Kaliapel Reserve
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1215 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Peter Anasta

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address DeSmet, Idaho

Filed Febr. 3 1919

John Post, Deputy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66798

PLACE O[redacted] 296131-[redacted]0128

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Kellogg

Registration District No. 123 File No. 10

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Wayne Ashby Brainard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert L. Brainard	FULL MAIDEN NAME	Mabel Ashby Brainard
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minneapolis, Kansas	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Editor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 3/11 1919 Geo. S. Lesher

Registrar

Registrar

Certified Copy issued October 22, 1940. F.M.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-10-040-344

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

66800

Registration District No. 12

File No. 6

Primary Registration District No. 220

Registered No. .....

FULL NAME OF CHILD ROBERT EMMETT MEEHAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	March 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Meehan	FULL MAIDEN NAME	Kate Cunningham
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mich.	BIRTHPLACE	Washington
OCCUPATION	Brick Layer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Landary

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 2/3 19 19 [illegible]

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 66800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mike Mehan (Name on Original Certificate) who was born (Was Born or Died) on March 1st 1919 (Date of Event)
in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal record (Bible Record, Insurance Policy, Etc.) prepared on March (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mike Mehan	Robert Emmett Meehan

Subscribed and sworn to before me this 20th
day of March, 1942.

Notary Public, residing at Kellogg Idaho

My commission expires MY COMMISSION EXPIRES NOV 19 1944
(Seal)

Signed John P. Meehan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 816 Kellogg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1942.

Notary Public, residing at Kellogg Idaho

My commission expires
(Seal) My Commission Expires Dec. 13, 1944

Signed
(Signature of Any Credible Person Other Than Previous Year)

Box 29 Kellogg Idaho
(Street Address, City, State)

MAY 11 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 01-040-285

[redacted] No.

STA[redacted]
BUREAU OF [redacted]
CERTIF[redacted]

66802

City of Kellogg

Registration District No. 123

File No. 7

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Charlotte Milot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	Yes	March 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Milot	FULL MAIDEN NAME	Ellen Shearer
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 4/3 1919 Geo. S. Garber

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 66802

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Milot (Name on Original Certificate) who ~~Died~~ Born (Was Born or Died) on March 1- 1919 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on March 1-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	May	Marie Charlotte Milot

Subscribed and sworn to before me this 16th
day of December 1944
Dorothy V. Altman
Notary Public, residing at Grangeville, Ida.
My commission expires 11/1/46.
(Seal)

Signed Ellen McComas.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of December 1944
Dorothy V. Altman
Notary Public, residing at Grangeville, Ida.
My commission expires 11/1/46.
(Seal)

Signed Mrs. Vernon S. Willey
(Signature of Any Credible Person Other Than Previous Year)

Grangeville, Idaho
(Street Address, City, State)

DEC 2 1944

867-26-0840-962

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 66803

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 8

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Dorothy Fox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2	Yes	Feb 26th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Fox	Agnes Robinson
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	England	England
OCCUPATION	Machanic	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 11 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M.D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/7 1919 Geo. D. Lesher Registrar

MARGIN RESERVED FOR BINDING

PLEASE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-[redacted]-168

~~PLACE OF BIRTH~~

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66804

County of Ada

City of Rural Boise

No. Eichelberger Sta. St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Herbert Lorenzen Smith

Sex of Child	Twin Triplet or other? ✓ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 17 (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Arthur Smith	FULL MAIDEN NAME	Mabel Johnson
RESIDENCE	Eichelberger Sta Boise	RESIDENCE	Boise Rural
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Nonhouseman	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glase

✓ (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 3/12 1919 L Lennon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-[illegible]-768

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66805

County of Ada

City of Rural Boise

No. Eichelberger Sta St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Lola Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Smith	FULL MAIDEN NAME	Mabel Johnson
RESIDENCE	Eichelberger Sta Boise	RESIDENCE	Boise Rural
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Mo
OCCUPATION	Warehouseman	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glase

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 2/12 1919 L R Forman
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294.1-1-024 [redacted]

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65

File No. 66806

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD Cleo Thomas Simmons

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	V	Yes	Jan (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas James Simmons	FULL MAIDEN NAME	Lena Eva Gonser
RESIDENCE	3/4 mi. South Princeton	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse, Wash.

_____ 19__

Filed Feb. 1st 1919 Dr. J. W. Thompson

Registrar

Registrar

S-Y-CO 38071

OCT 11 1950

66807

IDAHO
UBLIC WELFARE
L STATISTICS

OF BIRTH

1. County of [redacted]
City of
No. 114-1[redacted] 3 St.
(If born in ho[redacted] give name.)

Registration District N[redacted] State File No. 66807
Prim. Registration Dis[redacted] Local Registrar's No.

2. FULL NAME OF CHILD Gordon Joseph Dau[redacted]

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth Feb 1, 1919 193 (Month, Day, Year)

FATHER

9. Full name Gordon Daugharty, Jr.
10. Residence (usual place of abode) (If non-resident, give place and State) Clarks Fork
11. Color or race White | 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Clarks Fork, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ruby Tyleen Wilson
19. Residence (usual place of abode) (If non-resident, give place and State) Clerks Fork
20. Color or race Wh | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Omaha Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:30 at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. L. Salmon, M. D.
or ....., Midwife
Address Clarks Fork, Idaho

Give name added from a supplemental report .....
(Date of)

Filed April 1[illegible], 1919 193 John Larson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 6 1981

CC 6-14-41 - hec

413-207-009-252

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Clark Fork

No. ..... St.

Hospital .....

Registration District No. 80

Primary Registration District No. 2157

File No. 66808

Registered No. 23

FULL NAME OF CHILD Lois Irene Mackey

Sex of Child Female

Twin Triplet or other? and Number in order of birth ~~2~~ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March (Month) 3rd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Francis Lester Mackey.	FULL MAIDEN NAME	Mary Irene Sebelist.
RESIDENCE	Clark Fork ~~Shiloh~~. Ida.	RESIDENCE	Shiloh. Ida.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana.	BIRTHPLACE	Montana.
OCCUPATION	Forest Ranger.	OCCUPATION	House-wife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Salmon M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Clarks Fork. Ida.

Filed 3-10 1919 John Larson

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/22/41. w.h.

381-221-020-796 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66811

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 4

FULL NAME OF CHILD Doris Virginia Challin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Feb. 21st 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Challin	FULL MAIDEN NAME	Edith Grofsema
RESIDENCE	Mountain Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mich
OCCUPATION	Sheepman	OCCUPATION	Hwife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:10 P. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mountain Home

Filed 2/26 1919 B.W. Mather

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1954

DEC 1 - 1970

313-105-020-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66812

County of Elmore

City of Mtn Home

Registration District No. 34 File No.

No. Name added 7-31-81 St.

Primary Registration District No. 2020 Registered No. 5

Hospital —

FULL NAME OF CHILD Frank William Latimore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Jan. 5th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest W. Latimore	FULL MAIDEN NAME	Dona A. Harris
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Grocery Clerk	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 20 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mtn Home

Filed Jan. 10th 1919 B. W. Mather Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 31 2 16 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 66812
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~

for Unnamed Latimore (Name on Original Certificate) who ~~was born~~ (Was Born, Died, etc.) on ~~Jan. 5, 1919~~ (Date of Event)

in Mountain Home (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Frank William Latimore

Subscribed and sworn to before me this 31st day of July, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Frank W. Latimore
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

In office 7-31-81

Veterans Administration Card issued to Frank W. Latimore , file # 04506197
gives name as Frank William Latimore. Issued 1944.
Viewed by V.S.

Social Security Card # 518 14 3228 gives name as Frank William Latimore.
Card issued September 1943.
Viewed by V.S.

261-222-020-249

Form V. S. No. 11-C—20m-2-18-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66813

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 3

FULL NAME OF CHILD Ruth V. Swanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo S Swanson	FULL MAIDEN NAME	Jennie Burkland
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farming	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 1/28 1919 B W Mather Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-110-020-581

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66814

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34 File No.

Primary Registration District No. 2020 Registered No. 1

FULL NAME OF CHILD Alfonso Sillonis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Jan (Month) 10 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pablo Sillonis	FULL MAIDEN NAME	Julia Chacartegin
RESIDENCE	Mtn Home Ida.	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep raiser	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Mtn Home Ida.

Registrar

Filed 1/15 1919 B W Mather
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1944

613-223-020-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 66815

Primary Registration District No. 2020 Registered No. 2

FULL NAME OF CHILD Waller, Dolly

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	1 (Month) – 23 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Waller	FULL MAIDEN NAME	Omus Ladd
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	Clerk	OCCUPATION	Hwife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mtn Home Ida

Filed 1/26 1919 B W Mather Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1970

8-28-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 28 1970
Bureau of Vital Statistics

State of ..... } ss. Certificate No. 66815

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Waller (Name on Original Certificate) who was born (Was Born or Died) on Jan 23, 1919 (Date of Event)

in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Dolly

Subscribed and sworn to before me this 3rd day of November, 1970

Glen Farris

X Notary Public, residing at Portland Oregon

My commission expires My Commission Expires Sept. 27, 1971

(Seal)

X Signed Mrs. James R. Maxwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Correct. Corresp. (W) 1cp pd

Marriage Record from Family Bible gives name as Dolly Waller married to Charles Scheuieman, Sept 13, 1944. Appears to be old record. Viewed by V. S.

NOV 2 1970

Family Bible Record of births gives child's name as Dolly Waller born Jan. 23, 1919. Appears to be an old record. Viewed by V. S.

595-204-014-446

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Nampa General

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66816

Registration District No. 7 File No. _____

Primary Registration District No. 2006 Registered No. _____

FULL NAME OF CHILD Marjory Eva Vincent

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Howard M. Vincent	FULL MAIDEN NAME	Eva M Duffes
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hutchinson, Kas.	BIRTHPLACE	Nampa Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross M.D

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Nampa Ida

Filed March 10 1919 Pearle Dodds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-64-014-397 child's name added 1/26/94tlc

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S6817

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Richard Francis Clements, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 4 1919

FATHER	MOTHER
FULL NAME Richard Clements	FULL MAIDEN NAME Hazel Tippin
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Kansas
OCCUPATION Farming	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B. Smith M D
By A R

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed March 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/26/94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 66817
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Male Clements (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 4, 1919 (Date of Event)
in Nampa, Idaho (Canyon Co.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Clements	Richard Francis Clements, Jr.

Subscribed and sworn to before me this 26 day of January, 1994.
Notary Public, Teresa L. Clements
Residing at Boise, Idaho
My commission expires April 3, 1997
(Seal)

Richard F. Clements Jr.
Signature of Applicant
8615 Vincent St. Boise, ID 83709
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage record on file in Vital Statistics office gives groom's name as Richard Francis Clements, Jr. and bride's name as Theresa Frances Reagan. Married on April 23, 1958. State File No. 58-1732. viewed by VS

Own daughter's birth certificate on file in Idaho gives name as Mary Kathleen Clements born May 5, 1959 (#59-5127) Father's name listed as Richard Francis Clements, Jr. and mother's name as Theresa Frances Reagan. viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11—Rev. 1918

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66818

County of Canyon

City of Nampa — Registration District No. 7 — File No.

No. ____ St. — Primary Registration District No. 1006 — Registered No.

Hospital

FULL NAME OF CHILD Eddie Elisabeth Todd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	+	+	yes	Feb. 15 1917

FATHER		MOTHER	
FULL NAME	Frank Todd	FULL MAIDEN NAME	Annette B Bradley
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	Negro	COLOR	Negro
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lisa A. C. Killough

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed March 15 1917 Pearle Dodds Registrar

S-Y CO. 24656

MAR 0 6 1942

318-H[illegible]4455

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66819

County of [illegible]

City of Nampa

Registration District No. 7

File No.

No. St.

Primary Registration District No. 1006

Registered No.

Hospital Nampa Gen. Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	+		+	yes	Feb. (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Taylor	FULL MAIDEN NAME	Grace Meeker
RESIDENCE	Melba Idaho	RESIDENCE	Melba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Racine, Mo.	BIRTHPLACE	Ouray, Colo.
OCCUPATION	U. S. R. S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed March 10 1919 Pearle Dodds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-201-0145669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66820

County of Canyon

City of Nampa Ida

No. 1516 - 12th St.

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Rosa Decime

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X	X	yes	Mar 1 1919

FATHER		MOTHER	
FULL NAME	John Decime	FULL MAIDEN NAME	Lucy Bornetti
RESIDENCE	Silver City Owyhee Co.	RESIDENCE	Silver City. Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Italy	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Italy
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Decime
Father
(Physician or midwife)

Address Silver City Owyhee Co. Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed March 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

155-227-014893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66821

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital Nampa General Hosp.

FULL NAME OF CHILD Joan Jenness

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	+		+	yes	Jan. 21 1919

FATHER		MOTHER	
FULL NAME	Harold Jenness	FULL MAIDEN NAME	Helen Hickey
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grace A. Kellogg
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed March 10 1919 Pearle Dodds
Registrar

.....
Registrar

S-Y CO. 24655

266-218-014-214

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66822

County of Canyon

City of Nampa

No. ..... *St.*

Hospital .....

Registration District No. 7 **File No.** .....

Primary Registration District No. 2006 **Registered No.** .....

FULL NAME OF CHILD Roberta Bowman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	+		+	yes	Feb (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. E. Bowman	FULL MAIDEN NAME	Minnie May Bader
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:100 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. McKellogg M.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed March 10 1919 Pearle Dodds
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-117-014314 [redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66824

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

File No. .....

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD Mack A. Bradbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	+		+	yes	Jan. 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora D. Bradbury	FULL MAIDEN NAME	Eliza Cambridge
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed March 10 1919 Pearle Dodds

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/9/41 L. B.

396-211-014-352

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66825

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Charlotte May Cromwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	+	+	Yes	Feb. 11, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. A. Cromwell	May Lester
RESIDENCE	Nampa Idaho	Nampa, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Atwood, Kansas	Coon Rapids, Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. A. Kellogg

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar

Filed March 10, 1919 Pearle Dodds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

214-210-01K-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 716 16th Ave S St.

Registration District No. 7 File No. 66826

Primary Registration District No. 1506 Registered No.

Hospital

FULL NAME OF CHILD Esther Evelen Sadler

Sex of Child: Female | Twin, Triplet or other: Single | and Number in order of birth: 3rd | Legitimate? Yes | Date of Birth: Feb 10th (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: B. F. Sadler	FULL MAIDEN NAME: Edith Roberts
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Bertha Col.
OCCUPATION: Painter	OCCUPATION: House wife

Number of child of this mother, including present birth: Three

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on Feb 10th at four A. M. on the date above stated.

(Born alive or stillborn)

(Signature) Thos. C. Mangelsen M.D.

(Physician or midwife)

Address Nampa, Ida

Filed March 7 1919 Pearle Dodds

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 19

Amended 4-14-71

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

31X-20-01X-769

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66827

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Eunice Naomi Campbell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	None (To be answered only in event of plural births)	7th	yes	Feb 1 1919

FATHER	MOTHER
FULL NAME: Lan Allen Campbell	FULL MAIDEN NAME: Lou Emma Gordon
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: New Market Ill	BIRTHPLACE: Dodd City Texas
OCCUPATION: Preacher & Missionary	OCCUPATION: Deaconess & Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 1 st 19 at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum M D
(Physician or midwife)

Address Nampa, Ida.

Filed March 10 19 19 Pearle Dodds
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 36071

3-23-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....

County of .....

RECEIVED
APR 8 1971
Bureau of Vital Statistics

Certificate No. 66827

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unice Camel (Name on Original Certificate) was born (Was Born or Died) on Feb. 2, 1919 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unice Camel	Eunice Campbell
Father's name	Land Allen Camel	Lan Allen Campbell
Date of birth	Feb. 2, 1919	Feb. 1, 1919

Name

Subscribed and sworn to before me this 1st day of April, 1971.

Notary Public, residing at Buhl

My commission expires 4-30-74

(Seal)

Signed Stanley Alden Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of

....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Form DH 60-155

Family Register gives parents names as Lan Allen Campbell and Lon Emma Gordon.
Married Feb. 18, 19 06. Rev. Scott officiating.
Viewed by V.S.

Family Register also gives name of childs as Eunice Naomi born Dec. 1, 1919
in Nampa, Idaho. Record obviously old.
Viewed by V.S.

Certificate of Baptism issued by Roman Catholic Church, Reginald Masterson,
Rev. gives name of child as Eunice Naomi Campbell Masterson. Parents
Lan Allen Campbell and Emma Gordon. Child born Feb. 1, 1919 in Idaho.
Baptized August 4, 1956.
Viewed by V.S.

APR 14 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-165-007-864

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 21 File No. 66830

Primary Registration District No. 2022 Registered No. 1

FULL NAME OF CHILD George Robert Wheeler.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	Second	Yes	Feb 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Fay Wheeler	FULL MAIDEN NAME	Amelia Hodge
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Dutton

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Feb-12 1919 Robert H. Wright Registrar

S-Y-CO 38071

534-20-007-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66832

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2025

File No. _____

Registered No. 35

FULL NAME OF CHILD Marjorie Eldredge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Jan. 1 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Orrin Elmo Eldredge

RESIDENCE: Hailey Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Woodville Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nettie M. Race

RESIDENCE: Hailey Ida

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Harmony Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. B. Hunyard

Hailey Ida.
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 1 1919 Robert H. Wright
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1945

195:106:007-866

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

60833

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2026 Registered No. 146

FULL NAME OF CHILD Lee Wayne Ainsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Leon Ainsworth	FULL MAIDEN NAME	Theresa Maud Howard
RESIDENCE	Carey Ida.	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Lancashire Eng
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1309 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Carey Ida.

Filed Feb-1 1919 Robert H. Wright
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-107-007 299 amended 4/2/80

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66834

County of Blaine

City of Bellevue

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2022 Registered No. 5

Hospital

FULL NAME OF CHILD [redacted] Meredith Frederick Higbee

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	2 3 19

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frederick A. Higbee	FULL MAIDEN NAME Susie Leila Kirkley
RESIDENCE Bellevue Ida.	RESIDENCE Bellevue Ida
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Shaw, M.D.
(Physician or midwife)

Address Bellevue Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed March 1 19 19 Robert H. Wright
Registrar

Certified Copy issued October 30, 1940. E.W.

MAY 8 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
VITAL STATISTICS
FEB 14 8 52 AM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 66834
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Minuth Frederick Higbee (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 3, 1919 (Date of Event)

in Bellevue, Idaho (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Minuth	Munith
mother's name	Susie Lela Kirkley	Susie Leila Kirtley

Subscribed and sworn to before me this 12th day of February, 1980.
Notary Public, Marilyn Lanier
Residing at Hailey, Idaho
My commission expires 6-21-80
(Seal)

Munith F. Higbee
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

CL 9/26/79 1bc & 1cc pd. rec. #25779

Family X Group record gives father's name as XXXXX Frederick Hyrum Higbee and mother's name as Susie Leila Kirtley. child's name given as Munith Frederick Higbee born feb 3, 1919. viewed b y V. S.

APR 3 1980

Certif of Baptism from the LDS Church gives name a s Susie Leila Higbee daughter of Edward Kirtley and Juanita Yorl born March 21,1899 at Bellevue, Idaho. Baptized Dec 20, 1974. viewed by V S.

APR 4 1980

Honorable Discharge from the US Navy gives name as Munith Frederick Higbee dated Dec 7, 1946. born Feb 3, 1919 at Bellevue, Idaho. viewed by V. S.

266-104-007-331

[redacted] 25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66835

County of Blaine

City of Bellevue

Registration District No. 21

File No.

No. St.

Primary Registration District No. 2022

Registered No. 6

Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	2 (Month) 4 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Lavell Bowlden	FULL MAIDEN NAME	Martha Clark
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 50 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Moir

Physician (Physician or midwife)

Given names added from a supplemental report.

James Lavell Dee 1920

Address Bellevue Ida

W. C. Murphy Registrar

Filed Mar 1 1919

Robert H. Wright Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RE...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH 266-114-007-268

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66836

County of Blaine

City of Bellevue Registration District No. 21 File No.

No. St. Primary Registration District No. 2022 Registered No. 7

Hospital

FULL NAME OF CHILD James Ashur Bowles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	2 14 1919

FATHER

FULL NAME James C. Bowles

RESIDENCE Bellevue Ida

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Georgia Fisher Bohrer

RESIDENCE Bellevue

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Missouri

OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Evans

Physician (Physician or midwife)

Address Bellevue Ida

Given names added from a supplemental report.

James Ashur 1920

W. S. Murphy Registrar

Filed Mar 1 1919 Robert H. Wright Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

STATE OF IDAHO :
: ss
County of Lewis :

Mrs. Georgia Bowles, being first duly sworn says; that I am the motherof Wilfred Emil Bowles, and that my true and correct maiden nam was Georgia Fisher Bohrer, sometimes set forth as Georgia F. Bohrer.

Mrs. Georgia Bowles

Subscribed and sworn to before me t is the 26 day of May, 1941

Notary Public for State of Idaho,
Residing at Nezperce, Idaho.

c.c. 6/11/41. w.h.

132-121-007-2:1

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21

File No. 66837

No. ..... St.

Primary Registration District No. 2022

Registered No. 8

Hospital .....

FULL NAME OF CHILD Daniel Eugene Albrethsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	2 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Holger Albrethsen	FULL MAIDEN NAME	Emma J. Glatker
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Moir

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bellevue Idaho

Filed Mar 1 1919 Robert H. Wright

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1962

719.214.016-469

Amended 1-7-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

66841

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

Registration District No 117 File No. .....

Primary Registration District No. 2196 Registered No. 1187

FULL NAME OF CHILD Valentine Gardiner

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Feb 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H Gardiner	FULL MAIDEN NAME	Lillie Morris
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth..... Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Burley Ida

Filed Mar. 10 1919 F H Cuvier

Registrar Registrar

3 - YORK CO., PTRS. & SDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Weber }

DEC 10 4 08 PM '80

Certificate No. 66841

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gardner (Name on Original Certificate) who was born (Was Born or Died) on Feb. 14, 1919 (Date of Event)
Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (From 1901 To 1914) (Give Date), are

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Valentine Gardiner
Father's Last Name	Gardner	Gardiner
Mother's Maiden Name	Lilly Morris	Lillie L. Morris

Subscribed and sworn to before me this 24th day of July, 1977

Notary Public, residing at Riverdale Utah

My commission expires 20 Oct 1980

(Seal)

Signed John N. Gardiner (Br
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

963 E 5550 S Ogden UT 84

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1977

Notary Public, residing at Riverdale Utah

My commission expires 20 Oct 1980

(Seal)

Signed Edward M Gardiner (Bro.
(Signature of Any Credible Person)

4015 Greenwood Circle Ogden, Utah 84403
(Street Address, City, State)

FORM DH 60.155 CL 1-18-61. one copy pd. receipt #11347.

Copy of Bible Record gives name as Valentine Gardiner born Feb. 14, 1919, in Burley, Idaho, to John Gardiner and Lilly Morris. Original obviously old. Viewed by V.S.

Family Record of marriages gives parent's names as John H. Gardiner and Lill Morris. Were married June 13, 1901. Children listed, Valentine Gardiner and other brothers and sisters. le

Viewed by V.S.

669-112-016-843

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

10m-8-7-11

CERTIFICATE OF BIRTH

66842

County of Cassia

City of Burley

No ....., ... St.

Registration District No 117

File No. .....

Primary Registration District No. 2196

Registered No. 1186

Hospital .....

FULL NAME OF CHILD MARVIN HULL ~~[illegible]~~ Torrie

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 12 1919

FATHER		MOTHER	
FULL NAME	Albert Torrie	FULL MAIDEN NAME	Flora Hull
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

Burley
(Physician or Midwife)

Given names added from a supplemental report

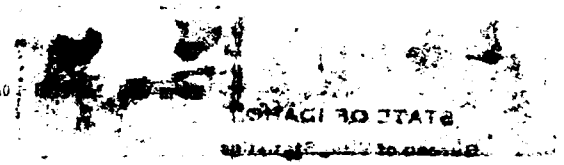
....., 19.....

Address Idaho

Filed Mar. 10 1919 F. H. Cutler
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

NOV 24 1941

~~State~~ PROVINCE of ALBERTA
~~County~~ DOMINION of CANADA } ss.

Certificate No. 66843
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death) for MARVIN HULL TORRIE (Name on original certificate) who was born (Was born or died) on 11th February 1919 (Date of event) in BURLEY-IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by CHURCH RECORDS (Bible record, insurance policy, etc.) prepared on July 6, 1919 (blessed), Aug 6, 1928 (Give date) (Baptized), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Tarie	Marvin Hull Torrie
Surname	Tarie	Torrie

Subscribed and sworn to before me this 17th day of November, 1941

Notary ~~Public, residing at~~ Taber, Alberta

My commission expires 31st December 1943

[SEAL]

Signed Albert Torrie (Father)
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Grassy Lake, Alberta
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

~~State~~ Province of Alberta
~~County~~ Dominion of Canada } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November, 1941

Notary Public, residing at Taber, Alta

My commission expires 31st December 1943

[SEAL]

Signed E. H. Harding Albert Torrie
(Signature of any credible person other than the previous affiant.)

Taber, Alberta
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

466-105-016-386

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66843

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1194

FULL NAME OF CHILD ~~Baby Moffitt~~ Alonzo Dean Moffett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Golden Moffitt	FULL MAIDEN NAME	Velma Thornton
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Mar 10 1919 F. H. Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-208-1034-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert Heyburn Registration District No. 119 File No. 66844

No. ..... St.

Primary Registration District No. 2196 Registered No. 1188

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2m-8-8-17

FULL NAME OF CHILD [redacted] Winnie Myrtle Louise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Feb. 9 1917

FATHER		MOTHER	
FULL NAME	Geo. Winn	FULL MAIDEN NAME	Lotty Bennett
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. H. Cutler

..... M.D.
(Physician or midwife)

Address Rupert Ida.

Filed Mar. 10 19 19 F. H. Cutler
Registrar

OCT 30 1944

165-120-016-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119

File No. 66845

Primary Registration District No. 2196

Registered No. 1189

FULL NAME OF CHILD Baby Jones

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Feb. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank J. Jones	FULL MAIDEN NAME	Mabel May Winward
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Dom.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Idaho

Filed Mar. 10 1919

F H Cutler

Registrar

FEB 5 19

692-120-016-846

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rim-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 66846

Primary Registration District No. 2196 Registered No. 1690

FULL NAME OF CHILD ~~ZANE~~ ENOS Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Feb. 20, 1917

FATHER		MOTHER	
FULL NAME	Albert L. Fisher	FULL MAIDEN NAME	Johnora Huffman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Idaho

Filed Mar. 10 19 19 F. H. Cutler Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

JAN 26 1942

State of Oregon } ss.
County of Union }

Certificate No. 66846

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Baby Fisher (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 20, 1919 (DATE OF EVENT) in Cassia County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Fisher	Zane Enos Fisher

Subscribed and sworn to before me this 22 nd day of January 19 42

Notary Public, residing at La Grande, Oregon

My commission expires July 6, 1942

(SEAL)

Signed Johnara Fisher

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Summerville, Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Union }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January 19 42

Notary Public, residing at La Grande, Oregon

My commission expires July 6, 1942

(SEAL)

Signed Walter Fisher

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Summerville, Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-221-016-794

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66847

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1181

FULL NAME OF CHILD Baby Marigold Alice Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Feb. 21 1917

FATHER		MOTHER	
FULL NAME	Lee Austin Marigold	FULL MAIDEN NAME	Clara Augusta Ginger
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Domestic.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley, Idaho

Filed Nov. 10 19 17 F. H. Cutler

Registrar

395-111-016-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 66848

Primary Registration District No. 2196

Registered No. 1192

FULL NAME OF CHILD Baby Cressel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Feb 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. A. Cressel	FULL MAIDEN NAME	Cora Kidman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Registrar

Filed Mar 10 1919 F. H. Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695·116·016-386

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66849

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1198

FULL NAME OF CHILD ~~Baby~~ Freer, Joseph S.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Feb. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. N. Freer	FULL MAIDEN NAME	Rhoda Alice Thompson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Burley Idaho

Filed Mar. 10 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]28-346

[redacted]ended 12/21/78

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66850

County of .....

City of Rose Lake

Registration District No. 124

File No. 2

No. ..... St.

Primary Registration District No. 2204

Registered No. 42

Hospital .....

FULL NAME OF CHILD Virgil Earling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb. 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Adellbert Earling	FULL MAIDEN NAME	Clara Maud Crossfield
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake, Idaho

Registrar

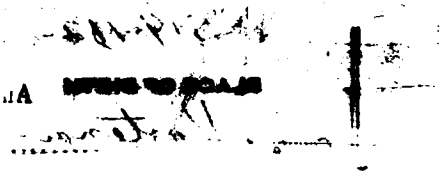
Filed Mar 1 1919 J M Fairney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 31 11 29 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 66850

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Earling (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 12, 1919 (Date of Event)
in Rose Lake, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School records-Notary (Bible Record, Insurance Policy, Etc.) prepared on October 26, 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Virgil Earling

Subscribed and sworn to before me this 26th day of October, 19 78

Notary Public, residing at Spokane, WA
My commission expires 12-8-79
(Seal)

Signed Edna Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4313 ADAMS Rd, SPOKANE, WA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 19 78

Notary Public, residing at Spokane, WA
My commission expires 12-8-79
(Seal)

Signed Hattie Earl
(Signature of Any Credible Person)

4311 ADAMS Rd SPOKANE, WA.
(Street Address, City, State)

FORM DH 60-155

CL 9/5/78 Accepted* 1575 Rush!
(Accept as is)

Rose Lake High school, Rose Lake, Idaho gives name as ~~Vig~~ Virgil Earling dated May 15, 1936. viewed by V. S.

Notary Public Certificate from Washington gives name as Virgil Earling. date Dec 8, 1963. viewed by V. S.

414-211-028-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 124

File No. 66859

Primary Registration District No. 2204

Registered No. _____

FULL NAME OF CHILD Mara Damiano

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Damiano	FULL MAIDEN NAME	Mary Piciano
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	66 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 11 19 at 3 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Harrison Ida

Filed Mar 1 1919 J M Finney Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1975

712-208-028-562

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66860

County of Kootenai

City of Harrison

No. ..... St.

Hospital Lakeview

Registration District No. 12 File No. 2

Primary Registration District No. 2204 Registered No. 32

FULL NAME OF CHILD FRANCES EMMA RASOR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 8 19

FATHER		MOTHER	
FULL NAME	Wm H Rasor	FULL MAIDEN NAME	Jessie Noble
RESIDENCE	Medimont Ida	RESIDENCE	Medimont Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo	BIRTHPLACE	Calf
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 8-19, at 5:30 A M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tierney

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

Filed Mar 1 19 19 J M Tierney

..... Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 66860

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 8, 1919 (DATE OF EVENT) in Harrison (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Frances Emma Rasor

Subscribed and sworn to before me this 7th day of April, 1942.

Notary Public, residing at Kellogg, Idaho

My commission expires May 22, 1945 (SEAL)

Signed Jessie Rasor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wardner, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 1942.

Notary Public, residing at Kellogg, Idaho

My commission expires May 22, 1945 (SEAL)

Signed Sylvia Rasor Charest
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pinehurst, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 29 1953

653-106-028-263

PLACE OF BIRTH

Amended 11/6/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66861

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 31

FULL NAME OF CHILD Elden Lee Wellington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Feb 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis G Wellington	FULL MAIDEN NAME	Helen Bock
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 6-19 (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed Mar 1 1919 J M Finney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 27 10 17 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 66861

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Welington (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 6, 1919 (Date of Event)

in Hansen, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elden Lee Wellington
sex of child	female	Male

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of September, 1978

Ramona J. Sharp
NOTARY PUBLIC-CALIFORNIA
COUNTY OF ALAMEDA
My Commission Expires Oct 29, 1978

Notary Public, residing at 4479 Hoya Way, UC

My commission expires Oct 29, 1978

(Seal)

Signed Gertrude E. Bech
(Signature of Any Credible Person)

4650 Doane Fremont, Ca 94538
(Street Address, City, State)

FORM DH 60-155

CL 9/6/78 nm

Certif of Baptism givesxamname as Elden Lee Wellington born Feb 6, 1919 at Harrison, Idaho. Baptized May 1, 1922. at M. E. Church, Harrison, Idaho. viewed by V. S.

NOV 6 1978

Separation Qualification Record from the U.S. Army gives name as Eldon L. Wellington enterd service Aug 23,1943 and xp separation dted Feb 18, 1946. born Feb 6, 1919. viewed by V. S.

Certif of Graduation from Harrison High school, Harrison, Idaho gives name as Elden L. Wellington. dated May 24, 1939. viewed by V. S.

714-10-028-415

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66862

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 30

FULL NAME OF CHILD Richard Baker Paulsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 6 1919

FATHER

FULL NAME Walter Paulsen

RESIDENCE Harrison Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ida

OCCUPATION Grocer

MOTHER

FULL MAIDEN NAME Edith Davis

RESIDENCE Harrison Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Pomroy Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-1-19, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tenney M D
Physician
(Physician or midwife)

Address Harrison Ida

Filed Mar 6 1919 J. M. Tenney
Registrar

Given names added from a supplemental report.

....19....

....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/28/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of [illegible]

City of Springston

Registration District No. 126 File No. 2

No. ____ St.

Primary Registration District No. 204 Registered No. 29

Hospital ____

FULL NAME OF CHILD Lois, Lucille, Hildine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 12 1917

FATHER		MOTHER	
FULL NAME	Harold Hildine	FULL MAIDEN NAME	Smythe, B. Carroll
RESIDENCE	Springston Idaho	RESIDENCE	Springston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Mill wright	OCCUPATION	Housewife

Number of child of this mother, including present birth Eighth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:15 A M. on the date above stated.

(Signature) Harold Hildine

Husband (Physician or midwife)

Address Springston Idaho

Filed Mar 1 1917 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C (Jan-8-15)

66863

PLACE OF BIRTH

County of Ada

1959

434-207028-193

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126

File No. 2 66864

Primary Registration District No. 2204

Registered No. 23

FULL NAME OF CHILD Ruth Lucile Mc Dowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer McDowell	FULL MAIDEN NAME	Ruth Archer
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Ill.
OCCUPATION	Com Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 7-19, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Feb 1 1919 J M Finney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO
County of Kootenai } ss.

Certificate No. 66864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Lucile McDowell (Name on Original Certificate) who was born (Was Born or Died) on Jan. 6, 1919 (Date of Event)
in Springston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McDowell	Ruth Lucile McDowell

Subscribed and sworn to before me this 8
day of May, 19 45
M A Kiger
Notary Public, residing at Harrison
My commission expires 11/16/46
(Seal)

Signed Ruth Lucile
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of May, 19 45
M A Kiger
Notary Public, residing at Harrison
My commission expires 11/16/46
(Seal)

Signed Mary E Crabb
(Signature of Any Credible Person)

(Street Address, City, State)

1945

216-2004-028-012

PLACE OF BIRTH Amended 5/15/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66865

County of Kootenai

City of Springston Registration District No. 126 File No. 2

No. ____ St.

Primary Registration District No. 2204 Registered No. 22

Hospital ____

FULL NAME OF CHILD Dorothy Helen Sawyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan 4 1919

FATHER	MOTHER
FULL NAME Will Sawyer	FULL MAIDEN NAME Carrie Bastian
RESIDENCE Springston Ida	RESIDENCE Springston, Ida.
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ontario	BIRTHPLACE Germany
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 4-19 (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Harrison Ida

Filed Feb 1 19 19 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 29 10 51 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 66865
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Sawyer (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on jan. 4. 1919 (Date of Event)
in Springston, Idaho (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	~~Dorothy Helen Sawyer~~

Subscribed and sworn to before me this 8th day of March, 1979.
Notary Public, Betty J. Newland
Residing at Tieton, Wash.
My commission expires [redacted] 11-21-80
(Seal)

Dorothy Helen Sawyer-Webb
Signature of Applicant
PO Box 679 - Tieton Wash 98947
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

C1 3/5/79

Marriage certif from Washington gives names as Oliver W. Webb and Dorothy Helen Sawyer. dated Sept 23, 1936. viewed by V. S.

Family group record for William Forest Sawyer and Helen Katherine Caroline Bastian. child's name given as Dorothy Helen Sawyer. born Jan 4, 1919 at Springston, Idaho. viewed by V. S.

MAY 15 1979

057-20-028-144

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66866

County of Kootenai

City of Harrison

Registration District No. 12 6

File No. 2

No. ____ St.

Primary Registration District No. 2204

Registered No. 21

Hospital ____

FULL NAME OF CHILD Margaret Helen Wegener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan 1 191 9

FATHER		MOTHER	
FULL NAME	John A. Wegener	FULL MAIDEN NAME	Lela G. Addington
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Michigan	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 1 19, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tenney

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 1 19 19 J M Tenney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 13 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 12 47 PM '75

State of ..... } ss. Certificate No. 66866

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wegener (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 1, 1919 (Date of Event)

in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License - School Records (Bible Record, Insurance Policy, Etc.) prepared on February 20, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Margaret Helen Wegener
sex of child	omitted	female

Subscribed and sworn to before me this 20 day of February, 1975

Notary Public, residing at Kellogg Idaho

My commission expires 4/28/76

(Seal)

Signed Glenn W. Addington "Uncle"

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 1 Harrison Ida 83833

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Shoshone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of February 1975

Notary Public, residing at Kellogg Idaho

My commission expires 4/28/76

(Seal)

X Signed Agnes Faye Camm

(Signature of Any Credible Person)

118 W. Mill Kellogg, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 9/13/73

Transcript from Harrison High School gives name as Margaret Helen Wegener born Jan. 1, 1919. graduated May 28, 1937. viewed by V. S.

JUL 1 1975

Marriage License and Certificate from Idaho gives name as Frederick James Cramm bride's name as Margaret Helen Wegener. dated June 5, 1937. viewed by V. S.

386-118-028-766

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66867

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 28

FULL NAME OF CHILD Joseph Howard Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ward J. Thomas	FULL MAIDEN NAME	Nellie B. Goodson
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Summersville, Missouri
OCCUPATION	Accountant.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake, Idaho.

Filed Feb 1 1919 J M Penney Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-131-028-296

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. ~~No. 11 C.~~ 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 66869

Primary Registration District No. 2207 Registered No. 26

FULL NAME OF CHILD EDWIN B. CLUMPNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 31 1919

FATHER		MOTHER	
FULL NAME	Guy A Clumpner	FULL MAIDEN NAME	Helen Browne
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Md
OCCUPATION	Prof	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 31-19, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Trumm M D

P Physician
(Physician or midwife)

Address Harrison Ida

Filed Feb 1 1919 J M Trumm
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

SHY-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce

Certificate No. 66869

Date Filed Nov. 27, 1943

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth ~~or Death~~)

for unnamed (Name on Original Certificate) who (Was Born ~~or Died~~) on Jan 31, 1919 (Date of Event)

in Harrison Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by mother's statement (Bible Record, Insurance Policy, Etc.) prepared on Nov. 27, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edwin B. Clumpner

Subscribed and sworn to before me this DEC 14 1943 day of ____, 19____

Notary Public, residing at Orting

My commission expires ____
(Seal)

Signed Mrs. G. A. Clumpner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orting Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this DEC 14 1943 day of ____, 19____

Notary Public, residing at Orting

My commission expires ____
(Seal)

Signed Mrs Anna Browne
(Signature of Any Credible Person Other Than Previous Year)

Orting Washington
(Street Address, City, State)

DEC 17 1943

249-226-028-869

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66870

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 24

FULL NAME OF CHILD NORMA NETTIE SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 26 1919

FATHER		MOTHER	
FULL NAME	Wm Smith	FULL MAIDEN NAME	Chloa Mae Horn
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mim	BIRTHPLACE	Mim
OCCUPATION	Com Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 26-19 at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Harrison Ida

Filed Feb 1 1919 J M Finney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Humboldt } ss.

Certificate No. 66870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Norma Nettie Smith, (Birth or ~~Death~~)
for name omitted on original (Name on Original Certificate) who was born on January 26, 1919 (Date of Event)
in Harrison, Idaho (Place of Event) certificate (~~Was Born or Died~~) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on January 26, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	NormaNettie Smith

Subscribed and sworn to before me this 28th day of June, 1943

Thra Eaves

Notary Public, residing at Eureka, Calif

My commission expires July 27, 1946
(Seal)

Signed Chlora May (Smith) Brown
(Signature of parent or ~~attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record, or other credible person~~)

1730 Myrtle ave, Eureka, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Humboldt } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1943.

Thra Eaves

Notary Public, residing at Eureka, Cal.

My commission expires July 27, 1946
(Seal)

Signed Mabel G. Wilder
(Signature of Any Credible Person Other Than Previous Year)

Cramell, Calif.
(Street Address, City, State)

JUL 2 1943

JUL 6 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-213-028-726

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124 File No. 266871

Primary Registration District No. 2204 Registered No. 24

FULL NAME OF CHILD Edna Elnora Campbell.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Olie O Campbell	FULL MAIDEN NAME	Mayme Gasbruck
RESIDENCE	Blacklake Ida	RESIDENCE	Blacklake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ira	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 13-19 (Born alive or stillborn) at 6 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Feb 1 1919 J M Finney Registrar

S-Y-CO 38071 Registrar

554-27-28-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66872

County of Fremont

City of Harrison

Registration District No. 126 File No. 2

No. ..... St.

Primary Registration District No. 2207 Registered No. 25

Hospital .....

FULL NAME OF CHILD JULIA ELSIE NEUMAN

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 17 1917

FATHER	MOTHER
FULL NAME O F Neuman	FULL MAIDEN NAME Dolly Elizabeth Clayton
RESIDENCE Plummer Ida.	RESIDENCE Plummer Ida
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Germany	BIRTHPLACE Va.
OCCUPATION Com Sober	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 17-17 at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 1 - 19 17 J M Kenney Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 66872

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Julia Elsie Neuman (Name on Original Certificate) who was born (Was Born or Died) on Jany 17th 1919 (Date of Event) in Harrison Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother's affidavit (Bible Record, Insurance Policy, Etc.) prepared on July 3, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Julia Elsie Neuman

Subscribed and sworn ~~to~~ before me this 3rd day of July, 1942

Chas. F. Cowan

Notary Public, residing at Spokane, Wn

My commission expires Jan 28, 1943
(Seal)

Signed Dollie Elizabeth Neuman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W631 Gardner Ave - Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 6 1942

JUL 21 1964

JUL 7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S14-116-032-366

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dill Hospital.

[redacted] R OF IDAHO
VITAL STATISTICS
ICATE OF BIRTH

Form V. S. No [redacted]

66873

Registration District No. ..... File No. .....

Primary Registration District No. 7016 Registered No. 5

FULL NAME OF CHILD Richard Leroy Vaughan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	2 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Vaughan	Jennie Cook
RESIDENCE	Shoshone	Shoshone
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Nevada.	Mo.
OCCUPATION	Farmer	wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 17 1919

[signature] Registrar

S-Y CO. 20175

363-126-032-436

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-8-15-13

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 66874

Primary Registration District No. 2016 Registered No. 7

FULL NAME OF CHILD John Eugene Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 26 1919

FATHER	MOTHER
FULL NAME Clarence Henry Tolman	FULL MAIDEN NAME Jessie Romney McFall
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Musician	OCCUPATION Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:39 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 28 1919 [signature] Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7-3-69

PLACE OF BIRTH

627-299-032-218

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Form V. S. No. 11-10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66875

Registration District No. 16 File No. .....

Primary Registration District No. 1016 Registered No. 4

FULL NAME OF CHILD Dorathy Willet Osgood

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	1	Yes	2 (Month) 9 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James William Osgood	FULL MAIDEN NAME	Rose Helen Bayliss
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	California	BIRTHPLACE	England
OCCUPATION	Sabner.	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb 11 1919 J L Fullen Registrar

Registrar

S-Y CO. 20175

Form V. S. No. 11-rev-6-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66413

(Years)

[redacted]

County of [redacted]

WITH UNPAID [redacted] OF MEN THIS IS A

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
MAY 2 6 1969
Bureau of Vital Statistics

State of Oregon
County of Curry } ss.

Certificate No. 66875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Willet Osgood (Name on Original Certificate) who was born (Was Born or Died) on February 9, 1919 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family bible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorothy Willet Osgood	Dorathy Willet Olson

Subscribed and sworn to before me this 22nd day of May, 19 69.

P. L. Jameson

Notary Public, residing at Brookings, Oregon

My commission expires 5/5/72

(Seal)

Signed x Dorathy Willet Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 23 - Brookings, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Curry } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of May, 19 69.

P. L. Jameson

Notary Public, residing at Brookings, Oregon

My commission expires 5/5/72

(Seal)

Signed x Virginia F. Swayze
(Signature of Any Credible Person)

R#3 Box 65 - Hermiston, Oregon.
(Street Address, City, State)

FORM DH 60-155 WWB 2-7-69 nm (CL)

JUL 1 4 1969

652-120-032-281

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shoshone

No. _____ St.

Hospital _____

Registration District No. 16

Primary Registration District No. 1016

File No. 66876

Registered No. 6

Full Name of Child Richard Lucius Wesson

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Feb (Month) 20 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: John Edward Wesson	FULL MAIDEN NAME: Juanita Fern Shaff
RESIDENCE: Shoshone, Idaho	RESIDENCE: Shoshone
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Potsboro, Texas	BIRTHPLACE: Seneca, Kansas
OCCUPATION: Teacher	OCCUPATION: Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 noon M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Shoshone Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed Feb 28 1919 J. Lowery
Registrar

814-201-032-849

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66877

Registration District No. 16

File No. .....

Primary Registration District No. 1016

Registered No. 8

Full Name of Child Dorothy May Harmison

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 3 (Month) 1 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Carl Harmison	FULL MAIDEN NAME	Stella Hurst
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Oregon
OCCUPATION	Lobo	OCCUPATION	Keep

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) at 1:05 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed March 4 1919 J. L. [signature]

Registrar

of each, in order of birth stated.

PLACE OF BIRTH

713-206-032-449

County of Twin Falls

City of Shoshone

St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 66878

Primary Registration District No. 1016

Registered No. 10

Name of Child ~~Marshall~~ NORMA Gallimore

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH March (6) 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel D. Gallimore	FULL MAIDEN NAME	Novella Murphy
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Va	BIRTHPLACE	North Carolina
OCCUPATION	Mail Clerk R.R.	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Mch 8 1919 [signature]

Registrar

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ..... }

Certificate No. 66878

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Mabel Gallimore (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 6, 1919 (DATE OF EVENT) in Shoshone, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mabel Gallimore	Norma Lucille Gallimore

Subscribed and sworn to before me this 2 day of March, 19 47

Oral Ennis
Notary Public, residing at Boise Idaho

My commission expires Apr. 12, 1948
(SEAL)

Signed S. D. Gallimore
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-207032-315

PLACE OF BIRTH

County of Shoshone Huicho

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66879

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 9

Full Name of Child ~~Bonita~~ BENERITA Berriochoa

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 3 (Month) 7 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Carlos Berriochoa	FULL MAIDEN NAME	Ramona Canporredondo
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mch 8" 1919 J. L. Tillen

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

te of Idaho }
unty of Lincoln } ss.

Certificate No. 6 6879

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
Bonetta Berriochea who born on May 7th 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
Shoshone, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
e facts are shown by Bible prepared on Nov. 29, 1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bonetta Berriochea	Benerita Berriochoa

bscribed and sworn to before me this 7th
y of December 1942
Notary Public, residing at Boise Ida
y commission expires Oct 20-1946
eal)

Signed Carlos Berriochoa
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

te of }
unty of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they e true to the best of his knowledge.

bscribed and sworn to before me this
y of , 19

Notary Public, residing at
y commission expires
eal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3365 09 021-763

PLACE OF BIRTH

County of Franklin

City of Franklin

No. —— St.

Hospital ——

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66880

Registration District No. 27

File No.

Primary Registration District No. 5119

Registered No. 29

FULL NAME OF CHILD

Sex of Child: Boy

Twin / Triplet / or other? and Number in order of birth: 2nd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Jan (Month) 9th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John William Stockdale	FULL MAIDEN NAME	Ethel Rollison
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Cove Utah	BIRTHPLACE	Whitney Idaho
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was January 9th (Born alive or stillborn), at 2:20 P. M. on the date above stated.

(Signature) H. L. Adamson

M.D. (Physician or midwife)

Address Richmond Utah

Filed Mar 4 1919 Dr A R Cutler Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

216-114-021-625 2

Form V. S. No. 11-G—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66881

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD DON Takashi Kawasawa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shigemi Kawasawa	FULL MAIDEN NAME	Sakaye Kesawa
RESIDENCE	Whitney Idaho	RESIDENCE	Whitney Ida.
COLOR	Japanes	COLOR	Japanes
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Mar 4 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First copy issued -- May 1, 1940. L.B.

OCT 4 1950

572-201-021-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 66882

Primary Registration District No. 2119 Registered No. 22

FULL NAME OF CHILD Thella Egbert.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	7	Yes	Feb 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Marion Egbert	FULL MAIDEN NAME	Mary Elizabeth Jones
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Fairview
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucy E Kent

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho R.F.D.S

Filed Mar 3 1919 Dr A R Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Minkcreek

Registration District No. 27

File No.

No. St.

Primary Registration District No. 2119

Registered No. 23

Hospital

FULL NAME OF CHILD Niels Chester Andersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		yes	Jan 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mads Andersen	FULL MAIDEN NAME	Carline Olsen
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Black Smith	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nancy Rasmussen

Parn 3-30 a.m.

Registrar

Filed 19 Minkcreek, Ida

Registrar

S-Y CO. 24658

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

8557 [illegible] 642

County of Bannock

City of Oxford

Registration District No. 27

File No. 66884

No.

Primary Registration District No. 2119

Registered No. 24

Hospital Home

FULL NAME OF CHILD Linda F. Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Feb (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Calvin V Henderson	FULL MAIDEN NAME	Rose Violet Fusher
RESIDENCE	Oxford. Ida	RESIDENCE	Oxford Idaho
COLOR	White — AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Oxford Ida
OCCUPATION	Farming	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Elizabeth Kendall

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

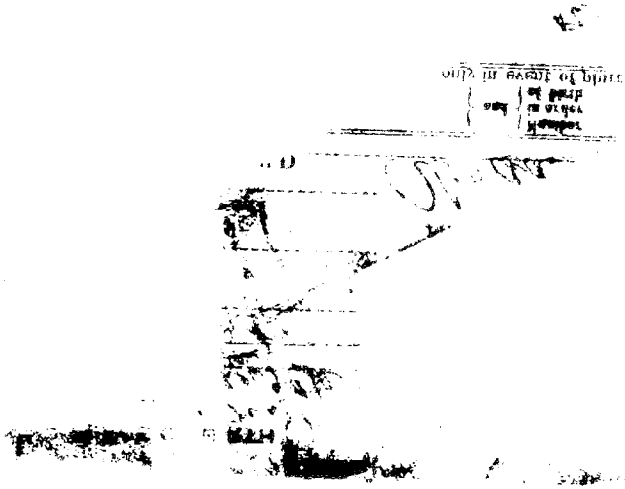
Address Oxford Idaho

Filed Mar 3 1919 [illegible] Registrar

Registrar

S-Y CO., 16670

K



FEB 15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLAC[redacted]

266-20[redacted]-021-6931

County of Franklin

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66885

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 26

FULL NAME OF CHILD Evelyn Fornciue Kofoid

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	7	yes	Feb 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Alvin Kofoid	FULL MAIDEN NAME	Sarah H Williams
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive Feb 9-19 at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Weston Idaho

Filed Mar 3 1919 Dr A R Cutler
Registrar

S-Y-CO 38071

745 223 ~~224~~ 912

Form V. S. No. 11-C—25m-9-8-19

PLACE OF BIRTH

County of Franklin

City of Weston

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66886

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 25

FULL NAME OF CHILD Margaret Eliza Gunter

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	Feb 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Curtis Gunter	FULL MAIDEN NAME	Mary Rasmussen
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Greene River N. C.	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Feb 23-19 at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Weston Idaho

Filed Mar 3 1919

_____ Registrar

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-205-021-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin Co.

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 66887

Primary Registration District No. 2719 Registered No. 27

FULL NAME OF CHILD Nelda Jepsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tommas Jepsen	FULL MAIDEN NAME	Anne Christina Christensen
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Mink Creek
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mink Creek Idaho

Filed Mar. 3 1919 D. A. R. Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66888

City of Glendale — Registration District No. 27 — File No.

No. ..... St. — Primary Registration District No. 2119 — Registered No. 28

Hospital .....

FULL NAME OF CHILD Maurice Anderson Owen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan (Month) 15 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Richard Owen Jr.	FULL MAIDEN NAME	Jennie Anderson
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Glendale Idaho	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christina C. Larsen

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Logan Utah 36 S. 3 E.

Filed Feb 4 19 9 Drake Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VIT
CERTIFICATE

PLACE OF BIRTH

COUNTY OF

FEB 26 1999

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

993-104-021-967

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66889

Registration District No. 17 File No. .....

Primary Registration District No. 2110 Registered No. 43

FULL NAME OF CHILD STERLING ROGERS RICH

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 4 1909

FATHER	MOTHER
FULL NAME: Jessie P. Rich	FULL MAIDEN NAME: Louise Rogers
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: Salt Lake City, Utah.
OCCUPATION: Lawyer	OCCUPATION: Wife

Number of child of this mother, including present birth .... 7 .... Number of children of this mother now living, including present birth .... 7 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.45 P.M. on the date above stated.

(Signature) [signature]

Physician

(Physician or midwife)

Address Preston, Idaho

Filed ..... 19.. [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss.
County of Cache

Certificate No. 66889
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Sterling Rogers Rich (Name on original certificate) who was (Was born or died) on February, 4th, 1919 (Date of event) in Preston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by insurance policy (Bible record, insurance policy, etc.) prepared on Sept 25th, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Sterling Rogers Rich	no name given	Sterling Rogers Rich
	Jessie P. Rich	

Subscribed and sworn to before me this 21st day of May, 19 41

Harvey A. Stephenson
Notary Public, residing at Logan, Utah

My commission expires 1/10/42
[SEAL]

Signed Jesse P. Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

335 W. 2nd No. Logan, Utah
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Utah } ss.
County of Cache

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 19 41

Harvey A. Stephenson
Notary Public, residing at Logan, Utah

My commission expires 1/10/42
[SEAL]

Signed Ray Tolbert
(Signature of any credible person other than the previous affiant)

45 W. 3rd So. Logan
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715-114021-155

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston, Idaho

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 66890

Registered No. 44

FULL NAME OF CHILD John Gannon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb, 14, 1919

FATHER		MOTHER	
FULL NAME	John Gannon	FULL MAIDEN NAME	Louise Jensen
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27 (dead)	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Padgitt, Texas	BIRTHPLACE	Weston, Idaho
OCCUPATION	Sugar Maker	OCCUPATION	Wife (Widow)

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7,40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed Mar 5 1919 D A R Culto

Registrar

Registrar

JAN 29 1942

FEB 19 1942

AUG 1 1968

168-168-021-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66891

County of Franklin

City of Preston R. F. D. #1 Registration District No. 57 File No.

No. St. Primary Registration District No. 2117 Registered No. 45

Hospital

FULL NAME OF CHILD Ariel B. Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 8, 1909

FATHER	MOTHER
FULL NAME: Wallace J. Johnson	FULL MAIDEN NAME: Emma Bright
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Preston, Idaho	BIRTHPLACE: Franklin, Idaho
OCCUPATION: Farmer	OCCUPATION: HouseWife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sales

Physician

(Physician or midwife)

Preston, Idaho

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar. 5 19 09 D. A. Sullivan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 6891

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ariel Johnson (Name on Original Certificate) who was born (Was Born or Died) on Feb 4 1919 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ariel	Ariel B.
Date of Birth	Feb 4 - 1919	Feb 1 - 1919

Subscribed and sworn to before me this 4th day of Mar., 1942.

Notary Public, residing at Preston Ida

My commission expires My 1 - 1945
(Seal)

Signed Wallace P. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Preston Ida R 7 D. #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Mar., 1942.

Notary Public, residing at Preston Ida

My commission expires My 1 - 1945
(Seal)

Signed George J. Johnson
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida. R 7 D. #1
(Street Address, City, State)

215-119-021-363

name added 8-25-83
dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66892

County of Franklin

City of Preston, R.F.D.#2

Registration District No. 57

File No.

No. ..... St.

Primary Registration District No. 2119

Registered No. 46

Hospital

FULL NAME OF CHILD Raymond Sant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb, 19, 9

FATHER		MOTHER	
FULL NAME	David Sant	FULL MAIDEN NAME	Mary E. Cole
RESIDENCE	Treasureton, Idaho	RESIDENCE	Treasureton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Treasureton, Idaho	BIRTHPLACE	Willard, Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3,40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

..... 19....

Filed Mar 5 19.... [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 3 18 PM '83

State of Idaho
County of Franklin } ss.

Certificate No. 66892
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sant (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 19, 1919 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Raymond Sant

Subscribed and sworn to before me this 19th day of August, 1983.

Notary Public, Michael DeKeuz
Residing at Preston, Idaho
My commission expires [illegible]
(Seal)

x Raymond Sant
Signature of Applicant
x Star Pt. Preston Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public,
Residing at
My commission expires
(Seal)

Louis Sant
Supporting Signature
178 N 3 East
Street Address, City, State
Preston Idaho

lcc pd

Certificate of Baptism from LDS Church gives Raymond Sant son of David Sant and Mary E Sant born Feb 19, 1919 at Treasureton, Idaho was baptised July 2, 1927. Viewed by V.S.

AUG 25 1983

Certificate of Ordination to the office of a Teacher in LDS Church states Raymond Sant was ordained Nov 12, 1934. Viewed by .V.S.

PLACE OF BIRTH

318-126-22-466

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 2/27/46

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 66893

Primary Registration District No. 2119 Registered No. 47

FULL NAME OF CHILD Theral M. Taylor

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb. 26 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Allen G. Taylor	FULL MAIDEN NAME: Ethel Moore
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Fairview, Idaho	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Blacksmith	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho

Filed Mar. 5, 1919 Dr. A. R. Cutler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 66893

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Blair Taylor (Name on Original Certificate) who Was Born (Was Born or Died) on Feb. 26 1919 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on March 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Blair Taylor	Theral M. Taylor

Subscribed and sworn to before me this 23
day of February 1948

Notary Public, residing at Preston
My commission expires 9-18-1949
(Seal)

Signed Ethel G. Taylor, Mother
(Signature of parent or attendant if correcting a birth record; of attendant funeral director, informant if correcting a death record; or other credible person.)
264 West Oneida Preston Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Alfred Kerr Bishop L.D.S. Church
(Signature of Any Credible Person)
Preston Idaho
(Street Address, City, State)

415-227-021-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho

Registration District No. 27

File No. 66894

No. ..... St.

Primary Registration District No. 2119

Registered No. 49

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 27 1919

FATHER		MOTHER	
FULL NAME	Heber G. Davis	FULL MAIDEN NAME	Laura Jensen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mapleton, Idaho	BIRTHPLACE	Preston, Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stake

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

..... 19....

Filed [illegible] 19 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-127-2-496

PLACE OF BIRTH

Franklin

County of.....

City of Weston, Idaho

No.....St.

Hospital.....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66895

Registration District No. 27

Primary Registration District No. 2119

File No.....

Registered No. 50

FULL NAME OF CHILD.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 27, 1919

FATHER

FULL NAME: John Peter Nielsen

RESIDENCE: Weston, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: BensonCache Co, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eva Drinkwater

RESIDENCE: ~~Weston, Idaho~~

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: New Zealand

OCCUPATION: Wife

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Mar. 3 19 26

.....
Registrar

168-116-021-259

PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 66896

Primary Registration District No. 2119

Registered No. 47

Full Name of Child Doyle B. Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Feb. 16, 1918

FATHER

FULL NAME: Henry Charles Johnson

RESIDENCE: Preston Idaho

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Massachusetts

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Bertsch

RESIDENCE: Preston Idaho

COLOR: white AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Morgan Co. Utah

OCCUPATION: House Wife.

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:00A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed March 5 1918 Dr. A R Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-123-021-659

PLACE OF BIRTH

County of Franklin

City of Preston Idaho

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 66897

Registered No. 1

Full Name of Child Arnold Ward Chapman

SEX OF CHILD: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

DATE OF BIRTH: Jan 23 19 (Month) (Day) (Year)

FATHER

FULL NAME: William A. Chapman

RESIDENCE: Preston Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Preston Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Verena Weight

RESIDENCE: Preston I daho

COLOR: white

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Franklin Idaho

OCCUPATION: Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at I; 00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Allen L Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Filed Mar 4 19 9

Dr. A L Cutler
Registrar

168-104-021-259

PLACE OF BIRTH

County of Franklin

City of Preston Idaho

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 66898

Registered No. 30

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Mar. 4 19 9

FATHER

FULL NAME: Floyd Johnson

RESIDENCE: Preston Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Preston Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara K ern

RESIDENCE: Preston Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Preston Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Filed Mar. 4 19 9 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-201-021-281

PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 66899

Primary Registration District No. 219 Registered No. 32

Full Name of Child Emma Melissa Jinkins

SEX OF CHILD: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | DATE OF BIRTH: Mar. 1 (Month) (Day) 19 (Year)

FATHER

FULL NAME: Levi Jinkins

RESIDENCE: Preston Idaho

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Midvale Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida Jane Sharp

RESIDENCE: Preston Idaho

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Soda Springs Idaho

OCCUPATION: Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar 5 19 9 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

916-122-021-613

County of Franklin name added 2/21/81

City of Preston Idaho

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-16-18

CERTIFICATE OF BIRTH 66901

Registration District No. 27

Primary Registration District No. 311

File No. _____

Registered No. 10

Full Name of Child Darwin Rawlings

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Feb. 22 19

FATHER	MOTHER
FULL NAME: James R. Rawlings	FULL MAIDEN NAME: Florence Issabell Farme
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Fariview Idaho	BIRTHPLACE: Clifton Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Mar 5 19[illegible]

[signature] Registrar

MAR

PRESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF I
BUREAU OF VITAL
CERTIFICATE

File No.

Registered No.

DATE OF
BIRTH

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PLACE OF BIRTH

Name of Ci

le

12-9-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 17 4 12 PM '80

State of Utah
County of Cache } ss.

Certificate No. birth # 66901
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rawlings (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 22, 1919 (Date of Event)
in Preston(Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Darwin Rawlings

Subscribed and sworn to before me this 15th day of December, 1980.
Notary Public, Kim Marie Capton
Residing at 385N 250E Hyde Park Ut
My commission expires 10-27-82
(Seal)

x Darwin Rawlings
Signature of Applicant
x 1970 No. 1100 East, Logan, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of December, 1980.
Notary Public, Kim Marie Capton
Residing at 385N 250E Hyde Park Ut.
My commission expires 10-27-82
(Seal)

Lyle Ken Dyer
Supporting Signature
341 W 550 N #1 LOGAN, UT.
Street Address, City, State

lcc pd.

FEB 23 1991

on year of birth the 1 was obviously omitted
added it to make it read 19 instead of 19-9
12-3-85 as per fc

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

619-221-021-719

County of Franklin

City of Preston Idaho

No. ..... St.

Hospital .....

Amended 4/15/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

66902

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 41

Full Name of Child Dorathy Viola Ward

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Feb. 21 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Ward.	FULL MAIDEN NAME	Mary E. Garner
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	North Ogden Utah	BIRTHPLACE	North Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1;00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Preston Idaho

..... Registrar

Filed Mar 5 19 9 Dr A R Cutler Registrar

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Registered No. 6402

Place of Birth: City Preston

Street and House No.

County Franklin

Registration Dist. No. 57

Sex of Child Female

Date of Birth Feb. 21 1917
MONTH DAY YEAR

Father Joseph C. Leonard
FULL NAME

Mother Mary C. Greaves
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Dorotha Viola Leonard
GIVEN NAME IN FULL SURNAME

as reported by [illegible]
FATHER OR MOTHER

Dora Cutler
LOCAL REGISTRAR

DEC 1 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 26 8 47 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 66902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Doratha Viola Ward (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1919 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Greaves, Mary E.	Mary E. Garner
Number of child. now living	7	8

Subscribed and sworn to before me this 22 day of March, 1974

Notary Public, residing at Preston Idaho
My commission expires 4-15-75
(Seal)

Signed Luella Ward Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

295 S 1st E Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of March, 1974

Notary Public, residing at Preston Idaho
My commission expires 4-15-75
(Seal)

Signed Russell A. Koller
(Signature of Any Credible Person)

351 So. 1st E. Soda Springs, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 2/7/74 lcc pd.

Certificate of Blessing from LDS Church gives name as Dorothy Ward daughter of Joseph E. Ward and Mary E. Garner. Born Feb. 21, 1919.at Preston, Idaho. Was Blessed July 6, 1919. Viewed by V. S.

NOV 1 0 1975

Family Record for Joseph Edward and Mary Emeline Garner. lists Dorothy Viola Ward as the 8th child. Viewed by V. S.

Amended 9/19/73

619-123-021-319

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 66903
Local Reg. No.
Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston R.F.D. #2

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston, Idaho

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Devon b. (Middle): W. c. (Last): Warrick

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb. 23, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): c. (Last): Warrick

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Virginia	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Annie b. (Middle): Nathanie c. (Last): Carlson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Denmark	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Allen R. Cutler

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Mar. 5, 1919

22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 10:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED VITAL STATISTICS JUN 14 9 08 AM

State of .....
County of ..... } ss.

Certificate No. 66903

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Allen Wilson Warrick (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1919 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on June 11, 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Allen Wilson Warrick	Devon William Warrick
Father's name	Joseph Ephriam Warrick	John Warrick

Subscribed and sworn to before me this 11th day of June, 1973

Notary Public, residing at Preston, Idaho

My commission expires 4-1-76

(Seal)

Signed Mrs. John W Warrick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6/7/73 nm

Rush!

Certificate of Baptism and Confirmation from LDS Church gives name as Devon W. Warrick son of John Warrick and Nathaele Carlson. Born Feb. 23,1919. Was Bpatized Sept. 9, 1928. Viewed by V. S.

Public School Diploma from Franklin County, Idaho gives name as Devon Warrick. Dated May 16, 1935. Viwed by V. S.

369223 · 021-689

PLACE OF BIRTH

County of Franklin

City of Winder

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 66904

Registered No. 38

Full Name of Child June Corbridge

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Feb. 23 19

FATHER		MOTHER	
FULL NAME	Lester William Corbridge	FULL MAIDEN NAME	Margaret E. Whitehead
RESIDENCE	Winder Idaho	RESIDENCE	Winder Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Fariview Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:20 P.M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Preston Idaho

Filed Mar 5 19 [illegible]

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-124-021-224

PLACE OF BIRTH

County of Franklin

Amended 2-23-78

City of Dayton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 3119

File No. 66905

Registered No. 37

Full Name of Child DORIN DEAN BUTTARS

SEX OF CHILD Male

Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH Feb (Month) 24 (Day) 19 (Year)

FATHER

FULL NAME David W. Buttars

RESIDENCE Dayton Idaho

COLOR white

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Clarkstone Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Shumway

RESIDENCE Dayton Idaho

COLOR white

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Clarkston Utah

OCCUPATION wife B

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Curtis

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 5 19 79 D. W. Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 12 59 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 66905

State of Utah } ss.
County of Cache

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butters (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 24, 1919 (Date of Event)
in Dayton, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Butters	Dorin Dean Buttars
father's name	David W. Butters	David W. Buttars

Subscribed and sworn to before me this 3rd day of Feb, 19 78.

Notary Public, residing at Logan Utah
My commission expires 12-4-78
(Seal)

Signed Lucretia B. Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1212 N 7th E Logan Utah 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

First Baptism Certificate gives name as Dorin Dean Buttars. Issued by Elder William A. Seamons and confirmed by John J. James Logan Temple March 8, 1927, Recorded by Frederick Scholes.
Viewed by V.S.

I. D. Card issued by the War Department , The adjutant General's Office of Washington, D. C. gives name as Dorin Dean Buttars born FEb. 4, 1919, in Dayton, Idaho. Issued 1942
Viewed by V.S.

Certificate of birth issued by the L.D.S. Church gives name as Dorin Dean Buttars born Feb. 24, 1919, in Dayton, Idaho, to David William Buttars and Maud Shumway/ Recorded in Oneida Stake, Dayton Ward, and Entered on Record April 6, 1919.
Viewed by V.S.

866-225003-296

[redacted] OF BIRTH

County of Bannock

City of Oxford

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 66906

Registered No. 36

Full Name of Child _____

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Feb (Month) 25 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	LeVere Howell	FULL MAIDEN NAME	Audessa Larue Brower
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4;00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston Idaho

Registrar

Filed Mar 5 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-125 [redacted] 8/19

County of [redacted]n Cli[illegible] Idaho

Amended 10-4-77

City of Clifton

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66907

Registration District No. 27

File No. _____

Primary Registration District No. 2119

Registered No. 34

Full Name of Child Wayne Harmon Lee

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Feb 25. 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Perry Lee	FULL MAIDEN NAME	Bertha Harmon
RESIDENCE	Clifton Idaho	RESIDENCE	Clifton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10; 00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston Idaho

Filed Mar 5 1919 [signature] Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Davis }

Certificate No. 66907

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lee (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 25, 1919 (Date of Event) in Clifton, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wayne Harmon Lee
Mother's Maiden Name	Bertha Hansen	Bertha Harmon

Subscribed and sworn to before me this 14 day of Sept, 19 77.

Notary Public, residing at Bountiful, Ut

My commission expires 8-4-81

(Seal)

Signed Bertha Harmon Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1224 So. 900 West Salt Lake City, Ut

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Sept, 19 77.

Notary Public, residing at Bountiful, Ut

My commission expires 8-4-81

(Seal)

Signed Verda Lee Ross

(Signature of Any Credible Person)

385 3rd Ave Salt Lake City, Ut

(Street Address, City, State)

FORM DH 60-155

CL 9/13/77 Rush

SEP 20 1977

Information from Clifton Ward book of Births and Blessings gives name as Wayne H. Lee born Feb 25 1919 in Clifton, Idao. father's name as S.Perry Lee and mother;s name as Bertha Harmon. Blessed Aprl 6, 1919. viewed by V. S.

Insurance policy from Beneficial Life Ins. Co gives name as Wayne Harmon Lee dated May 1, 1959. age 40 years.
viewed by V. S.

[illegible]

Own brother's birth certif on file in Idaho (#85000) gives [illegible] name of mother as Bertha Harmon. born Nov 3, 1920 in Clifton, Idaho. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

613-128-021-753

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 2119

File No. 66908

Registered No. 33

Full Name of Child Rex Wallgren

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Feb 28 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Arthur Wallgren	FULL MAIDEN NAME	Hattie Peterson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:55 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston Idaho

Registrar

Filed Mar 5 1919 [signature] Registrar

PLACE OF BIRTH

FRANKLIN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made in each and the number of each, in order of birth stated.

717 -310C

[redacted] OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]ISTI
CERTIFICATE OF [redacted]

County of [redacted]

City of [redacted]

No. 245 So Maple St.

Registration District No. 121

File No. 66909

Primary Registration District No. 1007

Registered No. 43

Hospital

FULL NAME OF CHILD Standley Eldredge Gagon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 23 1919

FATHER		MOTHER	
FULL NAME	Wendel D. Gagon	FULL MAIDEN NAME	Ida Nielsen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Bank Cachier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb 28 1919 Mrs W. E. Patrie

Registrar

Registrar

415-227-006-842

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. N. Stout Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 66910

Primary Registration District No. 1007

Registered No. 41

FULL NAME OF CHILD Effigensa Elizabeth Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X		X	Yes	Feb 27 19

FATHER		MOTHER	
FULL NAME	Joseph B Davis	FULL MAIDEN NAME	Evadale Hubbell
RESIDENCE	Bekfoot	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph B Davis MD

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Feb 28 19 Mrs W. E. Patrick

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/19/41 L. P.

295-204006-645

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. E. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 121

File No. 66911

Primary Registration District No. 1007

Registered No. 39

FULL NAME OF CHILD ~~BEBEE~~ ELIZABETH Kinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	X	X	Yes	Feb 4 19

FATHER

FULL NAME William W. Kinney

RESIDENCE Blackfoot

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Indiana

OCCUPATION Mail Carrier

MOTHER

FULL MAIDEN NAME Mary Quellian

RESIDENCE Blkft.

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Virginia

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb 28 19 Mrs. W. E. Parks

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth stated.

813-117-00E-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [redacted] 8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66912

County of Bingham

City of Blackfoot

No. Ward # 1 St.

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 25

Hospital

FULL NAME OF CHILD Clarence Donald Hatch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 17 1919

FATHER		MOTHER	
FULL NAME	Clarence J Hatch	FULL MAIDEN NAME	Ida M Wilde
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

(Signature) F. A. Mitchell

(Physician or midwife)

Address Feb 28-1919 Mrs. M. E. Parker Reg

-O.U.OK.B.7.

4 3 of 41

419-107-006-236

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66913

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 36

FULL NAME OF CHILD Julius Martin

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Grant Martin	FULL MAIDEN NAME	Abie Stone
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 28-1919 Mr. M. E. Paine Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-102-006-615

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 85 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m.6-8-17

CERTIFICATE OF BIRTH

66914

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 35

FULL NAME OF CHILD Yoshio Munekage

Sex of Child Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb. 2 (Month) (Day) 1919 (Year)

FATHER

FULL NAME J. Munekage

RESIDENCE Blackfoot, Idaho

COLOR Jap

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Japan

OCCUPATION Barber

MOTHER

FULL MAIDEN NAME Chi Fuji

RESIDENCE Blackfoot, Idaho

COLOR Jap

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report.

.....19.....

Address Feb 28, 1919 Mrs. U.S. Public Reg

133-221-006-168 Amended 8-11-81

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 66915

No. 453 N. Univ. St.

Primary Registration District No. 1007 Registered No. 33

Hospital

FULL NAME OF CHILD Marion Bernice Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 21 1919

FATHER		MOTHER	
FULL NAME	Charles M. Allen	FULL MAIDEN NAME	Ada Johnson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Feb 28 1919 Mrs. N. E. Patrick

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 1 1981
Bureau of Vital Statistics

State of Idaho
County of Teton } ss.

Certificate No. 66915
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Eva Lorene Allen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 21, 1919 (Date of Event)

in Blackfoot, ID Bing. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Eva Lorene Allen	Marion Bernice Allen

Subscribed and sworn to before me this 16th day of June, 1981.

Notary Public, [signature]
Residing at Driggs Idaho
My commission expires 8-1-82
(Seal)

Marion Bernice Allen
Signature of Applicant

Driggs, Idaho
Street Address, City, State

OFFICIAL SEAL
ALICE McGOVERN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan. 19, 1983

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

(Must be completed __)
(If not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1981.

Notary Public, Alice McGovern
Residing at Riverside California
My commission expires Jan 19, 1983
(Seal)

Ada J. Allen (mother)
Supporting Signature

Driggs Idaho PO Bx 445
Street Address, City, State
83422

6/12/81

1cc pd

AUG 11 1981

Cert. of Baptism from LDS Church gives name as Marion Bernice Allen born on 2/21/19 at Blackfoot, ID to Charles M Allen and Ada Johnson. Baptized on July 31, 1927 by Dean Hochstrasser, Driggs. Viewed by V.S.

Cert. of Blessing from LDS Chruch gives name as Marion Bernice Allen born on 2/21/19 at Blackfoot to Charles M. Allen and Ada Johnson. Blessed on 3/7/19 by Royal M. Jeppson, Driggs. Viewed by V.S.

613-104-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66916

PLACE OF BIRTH

County of Bonneville

City of Blackfoot

No. Ward # 4 St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 25

FULL NAME OF CHILD James Hunia Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 4 1919

FATHER		MOTHER	
FULL NAME	Fred H Watson	FULL MAIDEN NAME	Hetty Jones
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 3. P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Feb 16 1919 Mrs M Peterson Reg

36X-110-006-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66917

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 26

FULL NAME OF CHILD Charles Louis Cousins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry N. Cousins	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address Feb 15 Mrs Walter E Patrick Local Registrar

455-1071006-893

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 66918

Primary Registration District No. 2191 Registered No. 42

FULL NAME OF CHILD Unnamed Devinna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 7 1919

FATHER		MOTHER	
FULL NAME	Edgar L. Devinna	FULL MAIDEN NAME	Rosena Nickman
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 05 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 28 1919

Mrs. M. E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-217-006-742

PLACE OF BIRTH

County of Bingham

City of Bekft.

No. R F D 3 St.

Hospital Carmen

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66919

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 40

FULL NAME OF CHILD Carmen Betty Steffensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Feb 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Steffensen	FULL MAIDEN NAME	Marie Puk Kendal
RESIDENCE	Bekft R F 3	RESIDENCE	Bekft R F 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb 28 1919 Mrs W E Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-217-006-8 Write in ink

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted] No. 11-C—25m-9-8-17

66920

County of Bingham

City of Tabor Precinct

Registration District No. 121

File No. —

No. — St.

Primary Registration District No. 2194

Registered No. — 38

Hospital —

FULL NAME OF CHILD x Byrl Bernece Stinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
x Female	—	Yes	x Feb. 17 1919

FATHER		MOTHER	
FULL NAME	x Harrison Clay Stinson	FULL MAIDEN NAME	x Georgie Leoria Hurt
RESIDENCE	Tabor Idaho	RESIDENCE	Tabor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	x 29 (Years)	AGE AT LAST BIRTHDAY	x 28 (Years)
BIRTHPLACE	x Wentworth Mo.	BIRTHPLACE	x Condon Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth x 3 Number of children of this mother now living, including present birth x 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harrison Clay Stinson
Father of child
(Physician or midwife)

Given names added from a supplemental report.

Address Tabor Idaho

19

Filed Feb 28 1919 Mrs. W. E. Patrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1975

168-116-006-255

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66921

County of Bingham

City of Blackfoot

No. Rose, Idaho St.

Registration District No. 121

File No.

Primary Registration District No. 2192

Registered No. 37

Hospital

FULL NAME OF CHILD Wendel Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James G. Johnston	FULL MAIDEN NAME	Kate Bennett
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19 Address

Filed Feb 28-1919 Mrs W. E. Tahir Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-205-006-434

name added 10/21/80

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#W St.

Hospital

Registration District No. 121

File No. 66922

Primary Registration District No. 2194

Registered No. 27

FULL NAME OF CHILD Hilda Ostberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Feb 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Ostberg	FULL MAIDEN NAME	Zoe McMurdie
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Feb 28 19 Mrs W E Peters

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 6 1976

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
SEP 16 1980
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 66922
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ostberg (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 5, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Hilda Ostberg

Subscribed and sworn to before me this 12 day of September, 1980.

Notary Public, Charlene Walker
Residing at Blackfoot Idaho
My commission expires 4-15-84
(Seal)

+ Hilda Baldwin
Signature of Applicant
+ Box 491, Blackfoot, Idaho 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of September, 1980.

Notary Public, Charlene Walker
Residing at Blackfoot, Idaho
My commission expires 4-15-84
(Seal)

+ [signature]
Supporting Signature
Rt 4 Box 207, Blackfoot Ida 83221
Street Address, City, State

12/31/79 1cc pd.

Marriage License and Certif from Idaho gives name as Lorenzo Baldwin and the brides; name as Hilda Ostberg. dated of marriage Nov 11, 1938 viewed by VS

OCT 21 1980

Certif of Baptism from the LDS Church gives name as Hilda Ostberg daughter of Lorenzo Ostberg and Zoe M. Murdie. born Feb 5, 1919 at Thomas, Idaho. Baptized July 3, 1927. viewed by V. S.

693-107-006-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66923

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 28

FULL NAME OF CHILD John Charles Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 3 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John George Wilson	Rhoda Mary Walters
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	New Zealand	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Ida

Filed Feb 28 19 19 Mrs. W. E. Yates Registrar

DEC 4 1970

655-206-006-213

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66924

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. RD # 3 St.

Primary Registration District No. 2194

Registered No. 29

Hospital

FULL NAME OF CHILD ~~Unnamed~~ Thelma Weeding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Feb 6 1919

FATHER		MOTHER	
FULL NAME	Charles G. Weeding	FULL MAIDEN NAME	Wanda H Salverson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb 28 1919 Mrs W E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] as Thelma Weeding - viewed by [illegible]

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of **Idaho** L.D.S. Church Cert. of Blessing, May 4, 1919 Certificate No. **66924**

County of **Bingham** gives full names of child as Thelma Weeding, daughter of Charles Weeding and Hannah Salverson, born Feb. 6, 1919 at Wapello, Idaho - viewed by V.S. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of **Birth** (Birth or Death)

for **Unnamed Weeding** (Name on Original Certificate) who **was born** (Was Born or Died) on **6 Feb 1919** (Date of Event)

in **Blackfoot Idaho** (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by **church records** (Bible Record, Insurance Policy, Etc.) prepared on **4 May 1919** (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Weeding	Thelma Weeding

Subscribed and sworn to before me this [illegible] day of [illegible], 1951

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Wanda H. Weeding

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible]

County of [illegible] } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 1951

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Charles Weeding

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

DEC 12 1961

968-243-006-434

PLACE OF BIRTH name added 5/20/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Registration District No. 121

File No. 66925

Primary Registration District No. 2194

Registered No. 30

Hospital

FULL NAME OF CHILD Ruth Elizabeth Roylance

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Francis H Roylance	FULL MAIDEN NAME	Eva Pauline McDonald
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Maine
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Feb 28 1919 Mrs M E Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-3-5-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 66925
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Roylance (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 13, 1919 (Date of Event)
in Blackfoot, (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Ruth E Roylance
		Ruth Elizabeth Roylance

Subscribed and sworn to before me this 16 day of May, 19 80
Notary Public, Sherry Helmandollar
Residing at Inkom, Idaho 83245
My commission expires October 1983
(Seal)

Ruth Elizabeth Roylance
Signature of Applicant
1313 Calloway Rd Inkom Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May 16, 19 80
Notary Public, Sherry Helmandollar
Residing at Inkom, Idaho
My commission expires October 1983
(Seal)

May, 1980
Stella Palmer
Supporting Signature
460 Rapid Creek Rd.
Street Address, City, State
Inkom, Ida.

Washington State Department of Health, Certificate of Birth showes name as Ruth Elizabeth Roylance, certificate #1301 (own childs birth certificate) Date of birth December 23 1944
Viewed by VS

Wage and Tax Statement (W2 form) showes name as Ruth E Ames
Year 1976 from Atomic Bowling Lanes Inc. Spokane Washington
Viewed by VS

MAY 20 1981

FS7-216-006-449

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-5-17

CERTIFICATE OF BIRTH

66926

County of Binghamton

City of Blackfoot Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 31

Hospital

FULL NAME OF CHILD JESSIE ELAINE Hepworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 16 1919

FATHER

FULL NAME Edward M Hepworth

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Wyoming

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Myrtle Emily Durfee

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Texas

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 3:45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot

Filed Feb 28 1919 Mrs M E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California. }
County of Sacramento. } ss.

Certificate No. 66926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Jessie Elaine Hepworth. ~~Lois Jean Hepworth.~~ (Name on Original Certificate) who Born (Was Born or Died) on February 16th 1919. ~~August 4th 1925.~~ (Date of Event) in Blackfoot Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records. (Bible Record, Insurance Policy, Etc.) prepared on Unknown (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jessie Elaine Hepworth
~~Name~~	~~Unnamed~~	~~Lois Jean Hepworth~~

Subscribed and sworn to before me this 30th day of June 1942.

Samuel G. Polkinghorne.

Notary Public, residing at Sacramento Calif.

My commission expires January 17th 1945. (Seal)

Signed Ethel M Winters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2001 P Street Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California. }
County of Sacramento. } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June 1942.

Samuel G. Polkinghorne.

Notary Public, residing at Sacramento. Calif.

My commission expires January 17th 1945. (Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

2001 P Street Sacramento Calif.
(Street Address, City, State)

JUL 13 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993116 006 169

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 4 St.

Hospital

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66927

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 32

FULL NAME OF CHILD Vera Jordan Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 16 1919

	FATHER	MOTHER
FULL NAME	Thomas Stanley Richardson	FULL MAIDEN NAME Hattie ann Jordan
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	23 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W W Buck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed Feb 28 1919 Mrs W E Lakie
Registrar

APR 7 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-202-535-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. X St.

Hospital St. Joseph's

Registration District No. 96 File No. 66928

Primary Registration District No. 1009 Registered No. 210

FULL NAME OF CHILD GRISELDA GERTRUDE HAGGENMILLER ~~Griselda Gertrude Haggenmiller~~

Sex of Child female	Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb (Month) 2nd (Day) 1919 (Year)

FULL NAME FATHER John Hudson HAGGENMILLER ~~Haggenmiller~~	FULL MAIDEN NAME MOTHER Edith Mary Howell
RESIDENCE Clarkston, Wn	RESIDENCE Clarkston, Wn
COLOR white AGE AT LAST BIRTHDAY 26 (Years)	COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Washington
OCCUPATION Bank Keeper, Bank	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lubrusy 2nd 1919 at 12:10 p. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed Mar 9 1919 Anna E Bruce
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 66928

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hagenmiller	Haggenmiller
Name	Greselda	Griselda Gertrude

Subscribed and sworn to before me this 13th
day of October, 1942
Fred D. Wagstaff
Notary Public, residing at Lewiston, Idaho
My commission expires 12-18-42
(Seal)

Signed Edith Haggenmiller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of Oct., 1942
Fred D. Wagstaff
Notary Public, residing at Lewiston, Idaho
My commission expires Dec. 18 1942
(Seal)

Signed Mrs Lester Morrison
(Signature of Any Credible Person Other Than Previous Year)

612-9th St. Clarkston, Wn.
(Street Address, City, State)

OCT 2 2 1942

NOV 27 1948

858-106-435-249

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66929

County of Nez Perce.

City of Lewiston.

No. 1504 Main St.

Hospital White's

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 211

FULL NAME OF CHILD Heywood.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	2 6 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H.B.Heywood	FULL MAIDEN NAME	Thelma Smith.
RESIDENCE	Weippe, Idaho	RESIDENCE	Weippe, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnessota	BIRTHPLACE	Tennesse
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White M.D.
By R. C. Pauly Sec
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 3-9-1919 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1969

625-206-035-743

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

66930

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 212

FULL NAME OF CHILD Emeline O'Keefe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes.	Feb. 6 1919

FATHER		MOTHER	
FULL NAME	Wallace E. O'Keefe	FULL MAIDEN NAME	Margaret E. Pelee
RESIDENCE	Webb. Idaho.	RESIDENCE	Webb. Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... February 6th 1919, at 1 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gaston Johnson

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-8-1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31K.107-035-442

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 66931

Primary Registration District No. 1009 Registered No. 213

FULL NAME OF CHILD Milo Leroy Lambeson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 7th 19

FATHER	MOTHER
FULL NAME George Washington Lambeson	FULL MAIDEN NAME Dora Ella Deatman
RESIDENCE Clarkston, Wn.	RESIDENCE Clarkston, Wn.
COLOR white	AGE AT LAST BIRTHDAY 40 (Years)
COLOR white	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Indiana.
OCCUPATION Mechanic	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was February 7th, at 6 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Lewiston Idaho

Filed 3-9 19 19 Susan E. Bruce
Registrar

212-209-035-253

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66932

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White's

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 214

FULL NAME OF CHILD Mary Elizabeth Baskett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	2 (Month) 9 (Day) 19[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George F. Baskett	FULL MAIDEN NAME	Sally Mary Kettenbach.
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Lewiston, Idaho.
OCCUPATION	Bank Cleark	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. White M.D.
By R. C. Pauley Sec
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 3-8-1919 Arran E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1953
NOV 7 1972

653-113-035-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66933

County of Nez perce,

City of Lewiston, Idaho.

No. ..... St.

Hospital .....

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 216

FULL NAME OF CHILD Robert Walter Weller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	2 13 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E.W.Weller	FULL MAIDEN NAME	Hazel M.Whitcomb.
RESIDENCE	Portland, Orgon	RESIDENCE	Portland, Oregon.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	South Dakota.	BIRTHPLACE	Lewiston, Idaho.
OCCUPATION	Salesman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:00A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White M.W.
By R. E. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3-8 1919 Anson E. Bruce
Registrar

Registrar

DEC
NOV 17 1975

693-113-035-652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 66934

Primary Registration District No. 1009 Registered No. 217

FULL NAME OF CHILD Barthel Howard James Wittman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 18th 1919

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	George William Wittman	Clara Weber
RESIDENCE	Lewistown, Mt	Lewistown, Mt
COLOR	white	white
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 18th 1919, at 2 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Paul W Johnson

..... (Physician or ~~midwife~~)

Address Lewistown Idaho

Filed Feb 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 19

258-115-035-653

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston.

No. ..... St.

Hospital White's

Registration District No. 96

File No. 66935

Primary Registration District No. 1009

Registered No. 218

FULL NAME OF CHILD ..... Keys.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	2 (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd J. Keys.	FULL MAIDEN NAME	Henerietta Welch.
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois.
OCCUPATION	Mgr Light Co.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) C. L. White M.D.
By R. C. Pauley Sec.
(Physician or midwife)

Address Lewiston Idaho

..... 19....

Filed 8-8-1919 Susan E. Bruce
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-216-035-433

Form V. S. No. 11-C—~~25m~~-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1916 - 8th Ave

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66936

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 219

FULL NAME OF CHILD Nadine Alberta Sanders

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Feb. (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. G. Sanders	FULL MAIDEN NAME	Margaret Louise McCabe
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb. 16th 1919 at 10 am M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Allen
(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Registrar

Filed 3-8-1919 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1968

345-11-9-275-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66937

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 220

FULL NAME OF CHILD Earl Howard Cunningham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 – 18 – 1919

FATHER		MOTHER	
FULL NAME	Floyd Cunningham	FULL MAIDEN NAME	Bertha L. Young
RESIDENCE	Clarkston Wash	RESIDENCE	Clarkston Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2.55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) ..... (Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 3 – 5 1919 Susan E. Bruce Registrar

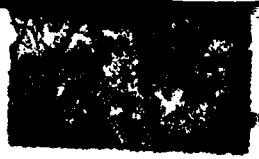
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-119.035-296

PLACE OF BIRTH



Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66938

County of Nez Perce

City of Lewiston

No. 710-8th St. St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 221

FULL NAME OF CHILD Wm. Allen Matter.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	2 (Month) 19 (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford C. Matter	FULL MAIDEN NAME	Ruth M. Brown
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska.
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White M.D.

By R. C. Pauley Sec.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Lewiston

Filed 3-8-1919 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1945

437-120-035-457

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66939

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 222

FULL NAME OF CHILD KIRK Means McGregor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 - 20 - 1919

FATHER		MOTHER	
FULL NAME	R. R. McGregor	FULL MAIDEN NAME	Margaret Means
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Seedsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6.05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Clearson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho

Filed 3-8-1919 Susan E Brice

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of.....
} ss.
County of.....

Certificate No. 66939
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or death)
for..... (Name on original certificate) who..... (Was born or died) on..... (Date of event)
in..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by..... (Bible record, insurance policy, etc.) prepared on..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Means McGregor	~~Means McGregor~~ KIRK MEANS McGREGOR

Subscribed and sworn to before me this 16th day of December, 1941

E. C. Grannis

Notary Public, residing at Lewiston Ida

My commission expires January 17th 1942

[SEAL]

Signed Robert P. McGregor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Notary Public, residing at.....

My commission expires.....

[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on..... By.....
(Registrar's signature)

DEC 22 1965

719-223-035-954

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. 66940

Primary Registration District No. 1009

Registered No. 223

FULL NAME OF CHILD Helen Garby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 23, 1919

FATHER		MOTHER	
FULL NAME	Frederick William Herman Garby Fred Garby	FULL MAIDEN NAME	Elizabeth Remmelspacker
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Belgium	BIRTHPLACE	Iowa
OCCUPATION	Florist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10.15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho

Filed 3-8-1919

Susan E. Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-123-035-719

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 207 Lincoln St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

66941

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 224

FULL NAME OF CHILD Joe Hardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 23 1919

FATHER		MOTHER	
FULL NAME	Daniel A. Hardin	FULL MAIDEN NAME	Bessie E. Parrett
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Stock Business Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 23, 1919, at 8 p. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Paul W. Johnson

(Physician or ~~midwife~~)

Address Lewiston, Idaho

Filed 3-8 1919 Susan E. Bruce

Registrar

435-126-035-493

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 66942

Primary Registration District No. 1009 Registered No. 247

FULL NAME OF CHILD Harry S. McEachron Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 - 26 - 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry S. McEachron	Hazel C. Dick
RESIDENCE	Lewiston Idaho	Lewiston Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Idaho	Wis.
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Claussen

(Physician or ~~midwife~~)

Address Lewiston

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-8 19 19 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-26-60

PLACE OF BIRTH

15622.035-595

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 66943

Primary Registration District No. 1009 Registered No. 228

FULL NAME OF CHILD Mary Margaret Jewell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 27, [redacted] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm. L. Jewell	FULL MAIDEN NAME	Mary E. Vincent
RESIDENCE	Kamiah, Idaho	RESIDENCE	Kamiah, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) John N. Alley

Physician
(Physician or midwife)

Address Lewiston, Idaho

Filed 3-8-[redacted]-1919 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Kamiah High School, Kamiah, Idaho, Invitation to the Commencement Exercises, May 12, 1936 gives one students name as Mary Margaret Jewell - viewed by V.S. (Name taken from Class Roll)

other documents listed on back

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lewis } ss.

Certificate No. 66943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Vincient Jewell (Name on Original Certificate) who born (Was Born or Died) on Feb. 27, 1919 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Record of attending Physician (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Vincient Jewell	Mary Margaret Jewell

Subscribed and sworn to before me this 6 day of August, 1936

Notary Public, residing at Kamiah

My commission expires 1965

(Seal)

Signed A. A. Brennan, MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Attending M. D.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Kamiah Idaho

State of Idaho
County of Lewis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of August, 1936

Notary Public, residing at Kamiah

My commission expires 1965

(Seal)

Signed Roy Randall
(Signature of Any Credible Person)

Kamiah Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-28-60. one copy pd. receipt #05083.

Kamiah, Idaho High School Diploma, May 20, 1936 gives full name as Mary Margaret Jewell - viewed by V.S.

719.126.035-345

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josepha.

Registration District No. 95

Primary Registration District No. 1009

File No. 66944

Registered No. 225

FULL NAME OF CHILD Elden Parkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Feb 26 1919

FATHER	MOTHER
FULL NAME: Lynn Parkins	FULL MAIDEN NAME: Pearl Cunningham
RESIDENCE: Lapwai, Idaho	RESIDENCE: Lapwai, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 41 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Claussen

Lewiston, Idaho
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3—8—1919

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-126-035-345

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66945

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 95

File No. 2

Primary Registration District No. 1009

Registered No. 226

FULL NAME OF CHILD Gail Alden Parkins

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Feb 26 1919

FATHER		MOTHER	
FULL NAME	Lynn Parkins	FULL MAIDEN NAME	Pearl Cunningham
RESIDENCE	Lapwai, Idaho	RESIDENCE	Lapwai, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Carsaow

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston, Idaho

Filed 3-8 1919 Arson E Bruce

Registrar

MAPGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1944

695·209·035-95-7

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Orchards

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

66946

Registration District No. 95

File No. _____

Primary Registration District No. 1009

Registered No. 214

Full Name of Child Jean Marie Finney

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	2 - 9 - 1919

FATHER

FULL NAME: Frank G. Finney

RESIDENCE: Lewiston Orchards

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Helen M. Inglis

RESIDENCE: Lewiston Orchards

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated, at 10 12 a. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Carsow

(Physician ~~or midwife~~)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-8-19 Anna E. Bruce

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

JUN [illegible] 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

129/124-042-249

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 31

File No. 66947

No. ..... St.

Primary Registration District No. 1185

Registered No. .....

Hospital .....

FULL NAME OF CHILD Irvin Fred Abramson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 24 1919

FATHER		MOTHER	
FULL NAME	David Wm. Abramson	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Pearce

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar. 10 1919 W. F. Pike Registrar

United States Maritime Commission - Application to be designated a Cadet - gives full name as Irvin Fred Abramson, dated January 16, 1939 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 66947

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Abramson (Name on Original Certificate) who was born (Was Born or Died) on Feb 24, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Abramson	Irvin Fred Abramson

Subscribed and sworn to before me this 4th day of December, 1959

Notary Public, residing at 3417 El Camino Avenue
My commission expires October 9, 1963
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1756 Warwick Ave Santa Cruz (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1959

Notary Public, residing at 3417 El Camino Avenue
My commission expires October 9, 1963
(Seal)

Signed [signature] (Signature of Any Credible Person)

3417 El Camino Ave. Sacramento, Calif. (Street Address, City, State)

FORM DPH 55-155 L. 11-20-59 bf

School record of Sacramento High School gives name as Irvin Fred Abramson. Dated June 9, 1938. Viewed by Vs.

OCT 28 1966

412-110-042-893

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66948

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Mason	FULL MAIDEN NAME	Chloe Hill
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	W. Va.
OCCUPATION	Mechanic	OCCUPATION	Hsf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5-9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls

Filed Feb. 12 1919 W. N. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—2m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

66949

City of Twin Falls

Registration District No. 37

File No.

No. 127 Shoshone South St.

Primary Registration District No. 1085

Registered No.

Hospital Dennis

FULL NAME OF CHILD Eugene Mulvihill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James I Mulvihill	FULL MAIDEN NAME	May Hendershot
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Waiter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete M. D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 3-6-1919 W. F. Pike

Registrar

Registrar

S-Y-CO 38071

PLACE OF BIRTH

STATE OF IDAHO

11X-225-042-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 153 Sainey St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 66950

Registered No. .....

FULL NAME OF CHILD Boby Jarman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	2 (Month) – 25 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aquila H Jarman	FULL MAIDEN NAME	Laura Hill
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leeter

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-6-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-127.042-313

Form V. S. No. 11-C—~~Rev.~~ 9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 111 Jackson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66951

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Baby Bigley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	2-27-1919

	FATHER	MOTHER
FULL NAME	John Bigley	FULL MAIDEN NAME Dessie Tate
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Missouri	Texas
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Lester M.D.

Twin Falls Ida.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address

Filed 3-6-1919 W. F. Pike
Registrar

Amended 3-10-61

PLACE OF BIRTH

413-219-042-814

County of Twin Falls

City of Twin Falls

No. 586 8th Ave. St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66952

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Ethel Marie Daly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 19, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Harold I. Daly	FULL MAIDEN NAME: Mabelle Hamm
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Kansas
OCCUPATION: Clerk	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed 3-1-1919 W. F. Pike
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Documents listed on back.--

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Lemhi }

Certificate No. 66952

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Daly (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethel Marie Daly
Full Maiden Name of Mother	Mabelle Hampton	Mabelle Hamm

Subscribed and sworn to before me this 16 day of February, 1961

Notary Public, residing at Salmon Idaho
My commission expires May 12 - 1963
(Seal)

Signed Mabelle Hamm Hampton Daly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Lemhi }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 1961

Notary Public, residing at Salmon Idaho
My commission expires May 1st - 1963
(Seal)

Signed Harold T Daly
(Signature of Any Credible Person)

Salmon, Idaho.
(Street Address, City, State)

FORM DN 60-155

CL 2-10-61. one copy pd. receipt #12217.

Statement from Don Ian Smith, Pastor of the Salmon Methodist Church, Salmon, Idaho - states "This is to certify that Ethel Marie Daly was received into membership in the Salmon Methodist Church on April 9, 1939 at Salmon, Idaho by the Rev. Eva Brown. This record appears on page 54 of the permanent records of the Salmon Methodist Church." - viewed by V.S.

Certified Copy of Delayed Birth Certificate, State of Kansas, #96241, dated Sept. 17, 1956, gives full name as Mabelle Marie Hamm, born Oct. 19, 1897 at Circleville, Kansas to Robert Ira Hamm and Anna Eliza Linville - viewed by V.S.

Letter written to Mrs. Mabelle Daly concerning the Delayed Birth Certificate for Mabelle Hamm (Daly)#25384, from the Kansas State Board of Health, Topeka Kansas, letter is dated July 16, 1956 viewed by V.S. Delayed Birth Cert. #96241.

Metropolitan Life Insurance Co. Premium Receipt Book, dated Oct. 31, 1921 gives full name as Ethel Marie Daly - viewed by V.S.

Page from Baby Book, appears old and unaltered gives full name as Ethel Marie Daly, entered Washington School at Twin Falls, Idaho on Sept. 14, 1925. Name of first teacher Marie Mathes - viewed by V.S.

Birth Announcement Card, gives full name of child as Ethel Marie born Feb. 19, 1919, weight 8⅓ lbs. born to Mr. and Mrs. Harold Daly - appears old and unaltered - viewed by V.S.

231-111-042

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66953

County of Twin Falls

City of Twin Falls

No. 324 Main Ave. South

~~Hospital~~ at Home

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Harold Albert Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Feb. (Month) 11th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. A. Black.	FULL MAIDEN NAME	Ester Graham.
RESIDENCE	Twin Falls. Ida.	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana.	BIRTHPLACE	Montana.
OCCUPATION	Mechanic (Auto)	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy Ed Surg (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

19

Registrar

Filed 3-10-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS [redacted]

N. B. In case of more than one child at birth a SEPARATE [redacted] and the number of each, in order of [redacted]

JUL 30 1954

JAN 27 1943

555-222-042-819

PLACE OF BIRTH

[redacted]

[redacted]

County of Twin Falls

City of Twin Falls

No. R.F.D. St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66954

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Helen Lenore Enebeck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Feb. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil Christ Enebeck	FULL MAIDEN NAME	Lenore Patricia Harrison
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Woodville Wisconsin	BIRTHPLACE	Sedalia Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emes

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho

19

Registrar

Filed 3-10-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-228-042-9 [redacted]

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls Co.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66955

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD FLORENCE Gott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold B. Gott	FULL MAIDEN NAME	Lucille Rudolph
RESIDENCE	Rogerson, Ida	RESIDENCE	Rogerson, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 3-1-1919 W. F. Pike

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

SEP 4 1942

Certificate No. 66955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Florence Gott (Name on Original Certificate) who was born (Was Born or Died) on February 28, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Florence Gott

Subscribed and sworn to before me this 3 day of September, 1942

K. R. Reiser
Notary Public, residing at Glendale

My commission expires My Commission Expires July 25, 1946
(Seal)

Signed Lucille Rudolph Gott Hendricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

347 W. Arden, Glendale, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1942

F. G. Marcanetto
Notary Public, residing at San Mateo

My commission expires March 15, 1944.
(Seal)

Signed William A. McCauley
(Signature of Any Credible Person Other Than Previous Year)

905 - Ghirardelli Ave San Mateo Calif
(Street Address, City, State)

OCT 29 1964

SEP 9 1947

235·105·042·165

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66956

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Van Buren St.

Hospital

Registration District No. 37 File No.

Primary Registration District No. 1985 Registered No.

FULL NAME OF CHILD Hayes Stephen H.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb 5th 19 9

FATHER	MOTHER
FULL NAME Stephen H. Hayes.	FULL MAIDEN NAME Hazel James.
RESIDENCE Hollister.	RESIDENCE Hollister.
COLOR White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Colo.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Crouchet

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 3—1—1919 W. R. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1975

515-204 659

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital County Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66957

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Jane Van Elsberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb. 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Joseph Van Elsberg	FULL MAIDEN NAME	Agnes Ferris
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Pool Hall Manager	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed 3-1-1919 W. F. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1976

451-104 [illegible] 245

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

66958

County of Twin Falls

City of " "

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital County Hospital

FULL NAME OF CHILD Leslie L. Dean Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie V. Dean	FULL MAIDEN NAME	Ruby Kunkel
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho.

Registrar

Filed 3-1-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 66958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leslie V. Dean Jr. (Name on Original Certificate) who was born (Was Born or Died) on February 4th, 1919 (Date of Event) in Twin Falls Co. Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leslie V. Dean Jr.	Leslie L. Dean.

Subscribed and sworn to before me this 9th day of August, 1943

Eleanor Hospital
Notary Public, residing at Hailey Ida

My commission expires Feb 20, 1945.
(Seal)

Signed Ruby K. Dean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hallister Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August, 1943.

Eleanor Hospital
Notary Public, residing at Hailey Ida

My commission expires Feb 20 1945
(Seal)

Signed Leslie V. Dean
(Signature of Any Credible Person Other Than Previous Year)

Hallister Idaho
(Street Address, City, State)

AUG 2 3 1943

FEB 1 [illegible] 1975

413-209-042-652

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital County Hospital

Registration District No. 37 File No. 66959

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ELIZABETH SUZANNE Macauley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Macauley	FULL MAIDEN NAME	Helen West
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cheyenne, Wyoming	BIRTHPLACE	Kansas
OCCUPATION	Clerk - Cigar store	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 3-1-1919 W. F. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 66959

County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Elizabeth Suzanne Macauley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 9th 1919 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible & Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 19th 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnames	Elizabeth Suzanne Macauley

Subscribed and sworn to before me this 26th day of February, 1943

C A Selby

Notary Public, residing at Salt Lake City

My commission expires

(SEAL)

Signed J H Macauley Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

980 Diestel Road, Salt Lake City, U.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1943

C A Selby

Notary Public, residing at Salt Lake City

My commission expires

(SEAL)

Signed C F Edwards

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

834 24th So. Salt Lake City Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 1 19

382-221-042-331

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 229 Quincy St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66960

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Lykins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Feb. 21 1919

FATHER		MOTHER	
FULL NAME	J C Lykins	FULL MAIDEN NAME	Elsie Lee Claudin
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind	BIRTHPLACE	Ind.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Claudet

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho.

19

Registrar

Filed 3-1-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

493-26-0466

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66961

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Roland Thomas Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7-26-19

FATHER	MOTHER
FULL NAME Moses Melvin Mills	FULL MAIDEN NAME Jennea Jeannette Van Roosmalen
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Oxford, Ida.	BIRTHPLACE Amsterdam, Holland
OCCUPATION Assistant Water master	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5-30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Clark

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-4-1919

W. G. Clark
Registrar

Certified Copy issued Jan. 22, 1941. E.W.

SEP 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

258-210-042-844

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 66962

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD TERECA CLYDE Knypstra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	G. B. Knypstra	FULL MAIDEN NAME	Anna Hummel
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Feb. 14 1919 W. F. Pike

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 66962

County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Tereca Clyde Knypstra (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 10, 1919 (DATE OF EVENT)

in Twin Falls, Idaho (PLACE OF EVENT), are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Tereca Clyde Knypstra

Subscribed and sworn to before me this 26th day of January, 19 42

Margaret Vogel

Notary Public, residing at Cambridge, Ida.

My commission expires May 16, 1943

(SEAL)

Signed X Jacob B. Knipstra

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cambridge, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 19 42

Margaret Vogel

Notary Public, residing at Cambridge, Idaho

My commission expires May 16, 1943

(SEAL)

Signed O M Barto

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Weiser, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 219-[illegible]-385

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 66963

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Barnhill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Barnhill	FULL MAIDEN NAME	May Sherman
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Postman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Feb 1919 W. G. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 168-101-042-168

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 66964

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD EVERETT LLOYD Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 / 1 / 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Hilma Johnson
RESIDENCE	Filer, Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Feb. 4 1919 W. G. Pike

Registrar

Registrar

STATE OF IDAHO

FEB 28

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois }
County of Warren } ss.

Certificate No. 66964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ~~[illegible]~~ Johnson (Name on Original Certificate) who born (Was Born or Died) on February 1, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby Book (Bible Record, Insurance Policy, Etc.) prepared on February 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	johnson	Everett Lloyd Johnson

Subscribed and sworn to before me this 24th
day of February 1942
John Hiller County Clerk
~~Notary Public~~ residing at Monmouth, Ill.
My commission expires Dec. 1, 1942.
(Seal)

Signed Albert H Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
913 S. South St., Monmouth, Ill
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois }
County of Warren } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February 1942
John Hiller, Co. Clerk
~~Notary Public~~, residing at Monmouth, Ill
My commission expires Dec 1, 1942
(Seal)

Signed John A Blair
(Signature of Any Credible Person Other Than Previous Year)
504 S. 11th St, Monmouth, Ill.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Twin Falls

No. 321 Shoshone St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 66965

Registered No.

FULL NAME OF CHILD Wayne Howard Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	*Legitimate?	Date of Birth
Male		yes	Feb (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Howard Whittier Robinson	FULL MAIDEN NAME	Lula Myrle Wall
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Penn.
OCCUPATION	Dentistry	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland

Osteopathic physician (Physician or midwife)

Given names added from a supplemental report.

Address McCornick Block - Twin Falls

19

Registrar

Filed 3-10-1919 W. F. Pike Registrar

NOV 10 1959

Ridgewood High School Record, Ridgewood, New Jersey, graduated June 4, 1937 gives full name of student as Wayne Howard Robinson, born 2/21/19, parent's name is given as Howard W. Robinson, student entered Ridgewood High School, Sept., 1934 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

The United States of America, National Service Life Insurance Policy, policy No.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho V 11-11-00, effective date of policy, 12-01-1944; gives full name as Wayne Howard Robinson, age at time policy was taken out-26 years old - viewed by V.S. Certificate No. 66965

County of Gooding } ss. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Robinson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Affiant was personally present at time of birth (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne Howard Robinson

Subscribed and sworn to before me this ~~31st~~ 5th day of ~~October~~ November, 19 61.

Signed Lula M. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Gooding, Idaho
My commission expires [illegible]
(Seal)

5129 Foleta Ave. Los Angeles 41 Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of October 19 61.

Signed E. S. Robinson
(Signature of Any Credible Person)

Notary Public, residing at Gooding, Idaho
My commission expires 1963.
(Seal)

Box 267, Gooding, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10-23-61. 1 copy for vets.

NOV 20 1961
NOV 29 1961

193127-042-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66966

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Willis, John Arthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb. (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hugh H. Willis	FULL MAIDEN NAME	Eva Labrum
RESIDENCE	Rogerson, Ida	RESIDENCE	Rogerson, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Neaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida

Filed Mar. 10 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1945

577-123-092-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66967

County of Twin Falls

City of Rogerson Ida

Registration District No. 37 File No.

No. St.

Primary Registration District No. 2085 Registered No.

Hospital ROBERT LeROY

FULL NAME OF CHILD Xxxxxxxx Eggleston No 1

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1	yes	2/23/1919

FATHER	MOTHER
FULL NAME Earl A Eggleston	FULL MAIDEN NAME Minnie Brackett
RESIDENCE Rogerson Ida	RESIDENCE Rogerson Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete M D

Twin Falls Ida (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 19 19 W. T. [illegible]
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. (& 66967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Eggleston (Name on original certificate) who born (Was born or died) on Feb 23, 1918 (Date of event)
Rupert Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Eggleston	Robert LeRoy Eggleston

Subscribed and sworn to before me this 24
day of Nov., 1941

John M Barker

Notary Public, residing at Buhl

My commission expires 10/8/42

[SEAL]

Signed R A Eggleston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV 25 1941 By
(Registrar's signature)

577-123-042-291

PLACE OF BIRTH

County of Twin Falls

City of Rogerson

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

66968

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Boby Eggleston No 2

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	2-23-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl A Eggleston	FULL MAIDEN NAME	Minnie Brocket
RESIDENCE	Rogerson Ida	RESIDENCE	Rogerson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-6-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-107.034-251

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-6-6-15

County of Minadoka

City of Hazelton

Registration District No. [illegible]

File No. 66969

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Branson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene Branson	FULL MAIDEN NAME	Nellie Searle
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete M.D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 3-6- 1919 W. F. Pike

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-103-042

PLACE OF BIRTH

BUREAU OF [redacted]

County of Twin Falls

City of Filer

Registration District No. 37

File No. [illegible]

No. RFD#4 St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Jack G. Sikes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 3 1919

FATHER		MOTHER	
FULL NAME	Columbus B Sikes	FULL MAIDEN NAME	Alta L. Davis
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Barry Co Mo.	BIRTHPLACE	Hutchison Co So Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Ginnis

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Filed 2-7-1919 W. F. Pike

Registrar

Registrar

SEP 2 2 1992

cc 3/4/41 mf

689-112-042-249

[redacted]

County of Twin Falls

66971

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Whitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. C. Whitt	FULL MAIDEN NAME	Opal Smith
RESIDENCE	Twin Falls R.F.D.	RESIDENCE	Twin Falls R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo ~~Housewife~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed 3-1-1919 W. F. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH 259-224-842-364

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 66972

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ BEHA VIRGINIA SNIDER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ed D. Snider	FULL MAIDEN NAME	Bertha Courtnay
RESIDENCE	Filer Ida	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Bliss, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Twin Falls, Ida.

..... Registrar

Filed Mar. 4 1919 W. G. Pike Registrar

K

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 64 7 1 1
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
At own Residences
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer (about 6 miles South
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
3. RESIDENCE OF FATHER (city, state) (at Birth) Filer

FULL NAME OF CHILD Bessa Virginia Snider
5) Date of Birth of Child (Month, day, year) Feb. 24 1919
Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

FULL NAME Ed Snider
Color or Race white
12. Age at time of THIS birth 35 yrs.
Birthplace Burnsville, West Virginia
(City or town) (State or foreign country)
Exact Occupation At time of Birth Farmer
Industry or Business now Miner & prospector

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Frances Courtney
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Blanchet Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum (as we understand) nitrate of Silv
Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249.216.030-299

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

66981

Registration District No. 41 File No. .....

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD Catherine Elizabeth Burggraf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 — 16 — 19

	FATHER	MOTHER
FULL NAME	John Burggraf	FULL MAIDEN NAME Theresa Brinkman
RESIDENCE	Salmon, Idaho	RESIDENCE Salmon, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE Minnesota
OCCUPATION	Rancher	OCCUPATION Home mfr

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 3/5 1919 M. Deering Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-219-030-623

PLACE OF BIRTH

County of Kootenai

City of Sahmoon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66982

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Nola N. Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2 — 19 — 1919

FATHER

FULL NAME: Richard Harris

RESIDENCE: Sahmoon, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Charlotte J. Ostrander

RESIDENCE: Sahmoon, Ida

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) C. J. Stratton, M.D.

(Physician or midwife)

Address Sahmoon

Filed 3/5 19 19 M. Dering Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

APR 2 1 1943

613-125-030-231

PLACE OF BIRTH

County of Lemhi

City of Carmen

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

66991

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Feb 25 1919

FATHER

FULL NAME: Hans Walchli

RESIDENCE: Carmen

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ind

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Beatrice Slavin

RESIDENCE: Carmen

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Ida

OCCUPATION: Housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Wright M D

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/4 1919 M. Dering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-107-030-759

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 6994

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD Howard Eugene Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	January 3 1919

FATHER		MOTHER	
FULL NAME	William Chas Smith	FULL MAIDEN NAME	Anna Perry
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kas
OCCUPATION	Printer	OCCUPATION	Hsf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

(Signature) F D Wright M D

(Physician or midwife)

Address Salmon

Filed 3/4 19 19 M. Deering Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717-201-030-359

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66995

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

Registration District No. 41

File No. _____

Primary Registration District No. 2116

Registered No. _____

FULL NAME OF CHILD Catherine Marguerite Papetti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Jan. 1st 1919

FATHER		MOTHER	
FULL NAME	Vincenzo Papetti Papetti	FULL MAIDEN NAME	Mary Cerasane
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Garage man	OCCUPATION	Hosp

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Salmon

Filed 3/4 1919 M. Deering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Bannock } ss. Certificate No. 66995

County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Pappetti	Papetti
Name	Unnamed	Catherine Marguerite
Date	Dec. 31, 1918	Jan. 1, 1919

Subscribed and sworn to before me this

day of 18, 1943

Signed Maria Cerasana

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A BIRTH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pocatello

My commission expires June 10 1943

(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of 18 Jan, 1943

Signed Mrs Wm G. Kakefolas

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Pocatello Ida 720 S. Arthur St

(STREET ADDRESS, CITY, STATE)

My commission expires June 10 1943

(SEAL) Allen Grimes Pocatello - Idaho

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 20 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

469-286-930-622

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41

File No. 66996

Primary Registration District No. 2116

Registered No. _____

FULL NAME OF CHILD Adeline ~~xxxxxxx~~ Laura Dozier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Edward Dozier	FULL MAIDEN NAME	Cora B Osborn
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Miner	OCCUPATION	H wf

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Wright-M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Salmon

Filed 3/4 1919 M. Dering Greene Registrar

S-Y-CO 36071

OCT 26 1943

662-121070-256

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66997

County of Lemhi

City of _____ Registration District No. 41 File No. _____

No. _____ St. Primary Registration District No. 2116 Registered No. _____

Hospital _____

FULL NAME OF CHILD Willard Edward Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
		yes	January 7, 1914

FATHER

FULL NAME: Willard E Fisher

RESIDENCE: Lemhi Co

COLOR: Wht AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ettie Knowles

RESIDENCE: Lemhi C

COLOR: Wht AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Ida

OCCUPATION: At Wk

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 a M. on the date above stated.

(Signature) F L Wright M D

(Physician or midwife)

Address Salmon

Filed 3/4 1914 M. Deming Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

821-130-230-122

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 66998

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD DAVID YBARGUEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jany (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Ybarguen	FULL MAIDEN NAME	Ventura Asbitarte
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep man	OCCUPATION	Hwf

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Filed 3/4 1919 M. Denny Greene

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 66998
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for David Ybarguen (Name on original certificate) who born (Was born or died) on Jan 30 1919 (Date of event)
in Salmon, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Ybarguin	David Ybarguen
Surname	Ybarguin	Ybarguen

Subscribed and sworn to before me this 22
day of October, 1941
Earl Whinkley
Notary Public, residing at Gooding Idaho
My commission expires July 28 1943
[SEAL]

Signed Ventura Ybarguen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

619-231-030-613

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 66999

Primary Registration District No. 2166 Registered No. _____

FULL NAME OF CHILD Charlotte Louise Farnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	January 3, 1919

FATHER

FULL NAME: William D Farnham

RESIDENCE: Leadore

COLOR: white AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Jennett Watson

RESIDENCE: Leadore

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2-30 P M.

(Signature) F J Wright M D

(Physician or midwife)

Address Salmon

Filed 3/4 19 19 M. Deming Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 8 1 19 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gayette } ss.

Certificate No. 66999

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Farnham (female) (Name on Original Certificate) who was born (Was Born or Died) on January 31, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charlotte Louise farnham

Subscribed and sworn to before me this 7th day of Sept, 19 76

Carol J. Sees
Notary Public, residing at Gayette, Idaho
My commission expires 10-11-77
(Seal)

Signed X Jeanette L Farnham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1019 3rd Ave So Gayette, Idaho 83661
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gayette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Sept, 19 76

Carol J. Sees
Notary Public, residing at Gayette, Idaho 83661
My commission expires 10-11-77
(Seal)

Signed X WM D Farnham
(Signature of Any Credible Person)

1019 3rd ave So Gayette Idaho 83661
(Street Address, City, State)

FORM DH 60-155 CL 8-23-76 Rush!

Marriage license from Idaho gives names as Stanley Bliss Wood and Charlotte Louise Farnham. dated Jun 21, 1940. viewed by V. S.

NOV

Own child' birth certif ~~for~~ from Calif gives name as Stanley Damon Wood. born April 15, 1943. father's name as Stanley Bliss Wood and mother's name as Charlotte Louise Farnham. viewed by V. S.

993-212-030-269

PLACE OF BIRTH

County of Lemhi

City of Baker

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67000

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Oliva Orlene Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 12 1919

FATHER		MOTHER	
FULL NAME	Levi Richardson	FULL MAIDEN NAME	Doris Swift
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn) at 6-30 A M on the date above stated.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon

Filed 3/4 19 19 M. Denny Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

246-211-074-791

PLACE OF BIRTH

Form V. S. No. 11-C—Tim-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

File No. 67001

Primary Registration District No. 2015

Registered No. 36

FULL NAME OF CHILD Lois Smoot

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		4	yes	Feb 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Judson J Smoot	FULL MAIDEN NAME	Katie May Graff
RESIDENCE	Paul, Ida	RESIDENCE	Mo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Garage-man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 11-19 at 6.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H S Adams

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Ida

Registrar

Filed Mar 16 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1975

291-102-034 154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 67003

Registered No. 38

FULL NAME OF CHILD Leroy Bracken

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		7	Yes	Mar 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Bracken	FULL MAIDEN NAME	Bessie Anderson
RESIDENCE	Paul, Ida	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Alabama	BIRTHPLACE	Sweden
OCCUPATION	Laborer & Watchman	OCCUPATION	Housewife & BN Cook

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Mar 2-19 at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Adams

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Ida

..... Registrar

Filed Mar 11 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-210 c 3K-369

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 67064

Primary Registration District No. 2013 Registered No. 39

FULL NAME OF CHILD ..... May Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Feb 10 1917

FATHER

FULL NAME John Ruben Harrison

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Miss

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sally May Corey

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Miss

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edt Johnson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed Feb 13 1917

Edt Johnson

Registrar

785-702-034-719

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67005

Registration District No. 19 File No. .....

Primary Registration District No. 2215 Registered No. 40

FULL NAME OF CHILD Lloyd Verl Payne

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	2 2 1919

FATHER

FULL NAME John D Payne

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ethel Park

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 6 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Mar 5 1919 E O Edmonds Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

249-212-034-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67006

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 41

FULL NAME OF CHILD MARY ALICE SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	2 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. H Smith	FULL MAIDEN NAME	Hulda Barton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Rupert

Filed Mar 10 1919

Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1945

632.131.03X553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67007

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	1 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Olson	FULL MAIDEN NAME	Elizabeth Nelson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address .....

Filed Mar 10 1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463.219.03K-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 67008

Registered No. 43

FULL NAME OF CHILD Lilefa Ruth Molly Moldenhauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	1 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rudolph Moldenhauer	FULL MAIDEN NAME	Rosa Fischer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address .....

Filed Mar 10 1919 E H Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of North Dakota } ss. Certificate No. 67008
County of LaMoure } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Jan.19,1919. (Date of Event)
in Rupert, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan.19,1919. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Lilefa Ruth Molly Moldenhauer
father's name	Rudolph Moltenhauer	Rudolph Moldenhauer

Subscribed and sworn to before me this 27th
day of April 19 42

Sharp Duchy

Notary Public, residing at Kulm N.D.
Notary Public, Logan & LaMoure Counties, N. D.
My commission expires My commission expires April 1, 1942
(Seal)

Signed Rafi Moldenhauer (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fredonia, N.D.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of North Dakota } ss.
County of LaMoure }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April 19 42

Sharp Duchy

Notary Public, residing at Notary Public, Logan & LaMoure Counties, N. D.
My commission expires My commission expires April 1, 1942
(Seal)

Signed Rudolph Moldenhauer
(Signature of Any Credible Person Other Than Previous Year)

Fredonia, No.Dak.
(Street Address, City, State)

MAY 8 1942

MAY 1 1 1942

1945
JAN

PLACE OF BIRTH
Amended 4-25-60

419-230-034-343

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

67009

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 67009

Hospital ..... Primary Registration District No. 2015 Registered No. 44

FULL NAME OF CHILD Doris Evelyn Maricle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan. 30, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Frank Maricle	FULL MAIDEN NAME: Ella Cully
RESIDENCE: Rupert	RESIDENCE: Rupert
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 3-10-19 192.. E. H. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ARTME

Own child's birth certificate, child born April 6, 1942, on file Vital Stat. #345863, gives mother's nameas Maricle. Viewed by V.S.
Copy of honorable discharge dated march 10, 1943 gives father's name as Frank Maricle, viewed by v.s.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of MINIDOKA } ss.

Certificate No. 67009
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Doris Evelyn Mericale (Name on Original Certificate) who was born (Was Born or Died) on January 30, 1919 (Date of Event)
in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date); are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Mericale	Maricle
Father's Last Name	Mericale	Maricle

Subscribed and sworn to before me this 8th day of March, 19 60

Notary Public, residing at Rupert
My commission expires Feb. 16th 1964
(Seal)

Signed Ella Maricle (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

Certificate of Stock, Minidoka Co-op Supply dated Jan 1, 1950 gives father's name as Frank Maricle, viewed by V.S.

296-215-034-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67010

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 45

FULL NAME OF CHILD MARY AILEEN BROWER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	1 15 1919

FATHER		MOTHER	
FULL NAME	Roy J. Brower	FULL MAIDEN NAME	Nellie Fine
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Mar 10 1919

E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 6 55
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Missouri } ss.
County of Howell

Certificate No. 67010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on January 15, 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record Bible Record 1935 prepared on 12-12-55 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Mary Aileen Brower

Subscribed and sworn to before me this 12th day of December, 1955

John A. Harrison
Notary Public, residing at West Plains, Mo.
My commission expires 12-31-58
(Seal)

Signed Mrs. Nellie G. Brower Bridges
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Box 87 West Plains, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Howell

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of December, 1955

John A. Harrison
Notary Public, residing at West Plains, Mo.
My commission expires 12-31-58
(Seal)

Signed W. J. Price
(Signature of Any Credible Person)

RR 2 Pomona Missouri
(Street Address, City, State)

DPH 52.155

JAN 1 5 1980

792-219-037-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Owyhee

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. .....

File No. 67014

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Eileen Maxine Gibbs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	single	6	yes	Jan 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Eads Gibbs	FULL MAIDEN NAME	Hattie May Eroky
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 19th 1919 at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Jan 30 1919

J. W. Davis M. D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4

APR 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/ PLA[redacted]86-556

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67015

County of Bingham

City of Blackfoot

No. R D # 2 St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 34

FULL NAME OF CHILD Mary Broion

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E. Brown	FULL MAIDEN NAME	Mary Alice Newbold
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or [redacted])

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Feb 28 1919 Mrs W E Patrick

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
NOV 15 1971
Bureau of Vital Statistics

State of .....) ss.
County of .....)

Certificate No. 67015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brown (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records, School Diploma (Bible Record, Insurance Policy, Etc.) prepared on Nov. 10, 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed	Mary Brown

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....) ss.
County of .....)

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
November, 1971

E. J. Pike
Notary Public, residing at Aberdeen, Idaho
My commission expires June 1, 1973
(Seal)

Signed S. Agnes Duskeep
(Signature of Any Credible Person)

Aberdeen, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11/1/71 nm

Letter from The Church of Jesus Christ of Latter-Day Saints. gives names Mary Brown, Daughter of Wm. E. Brown and Mary Alice Newbold. Born March 3, 1919 at Blackfoot, Idaho. Blessed June 1, 1919 and Baptized June 4, 1927. Viewed by V. S.

NOV 16 1971

Public School Diploma from Idaho gives name as Mary Brown. Dated April 22, 1932. From Bingham County. Viewed by V. S.

751.211

PLACE OF BIRTH [redacted]

040-319

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

Form V. S. No. 11- -8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 67016

Primary Registration District No. 2200 Registered No. 96

FULL NAME OF CHILD ~~Alice~~ Pearson Virginia Alice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb -11- 1919

FATHER		MOTHER	
FULL NAME	Adolph Pearson	FULL MAIDEN NAME	Hannah Carlson
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace, Idaho.
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Wallace Idaho

Filed Feb 16 1919 H C Mowery

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Wallace, Idaho.
April 7, 1941.

Dr. Chas. Mowery,
Spokane, Wash.

Dear Dr. Mowery:

In writing for a Birth Certificate for my Daughter Virginia, The records show her Birth Date Feb. 12, instead of Feb. 11 and I am writing to ask you to certify that Feb. 11, 1919 is the correct date.

Thanking you for your prompt attention to this matter, I am

Yours truly,

Mrs. Adolph Pearson

This is to certify that Virginia Pearson Was Born on February 11,1919 and that I was the atending Physician.

Signed. Dr. Chas. R. Mowery

c.c./ 4/23/41 (wh)

c.c/ 4/23/41. wh

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 913-220-040-366

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67017

Registration District No. 122 File No. _____

Primary Registration District No. 2200 Registered No. 97

FULL NAME OF CHILD Frances Zachow

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feby 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Carl Zachow	FULL MAIDEN NAME	Rose Loos
RESIDENCE	Wallace, Ida.	RESIDENCE	Wallace, Ida.
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Wallace, Ida.

Filed Feby 25 1919 H.C. Mowery Registrar

S-Y-CO 38071

SEP 30 1942

319-102-040-653

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67018

Registration District No. 122 File No. _____

Primary Registration District No. 2200 Registered No. 9[illegible]

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		No	Feby 2 1919

FATHER		MOTHER	
FULL NAME	George Cardwell	FULL MAIDEN NAME	Lila Wells
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Don't know	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida.

_____ 19__

Filed 2/6 1919 H C Mowery

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-205-040-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

Registration District No. 122

File No. 67019

Primary Registration District No. 2200

Registered No. 99

FULL NAME OF CHILD Pearl ~~Ivy~~ Ivy Andrews

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	✓		✓	yes	Feb 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Andrews	FULL MAIDEN NAME	Marion Abergail Brickett
RESIDENCE	Gem Ida.	RESIDENCE	Gem Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Birmingham, England	BIRTHPLACE	Spokane, Wash
OCCUPATION	Millman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2/10 1919

H C Mowery
Registrar

S-Y-CO 38071

OCT 10 1960

NOV 3

395-223-040-168

NAME ADDED AND DAY OF BIRTH AMENDED 9-14-93 dl

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67020

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Registration District No. 12

Primary Registration District No. 2 200

File No. .....

Registered No. 100

FULL NAME OF CHILD FLORENCE MILDRED LINN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Feb 24th 1919

FATHER		MOTHER	
FULL NAME	Sam Linn	FULL MAIDEN NAME	Annie Johnson
RESIDENCE	Kingston, Ida.	RESIDENCE	Kingston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowry & Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 27 1919 H C Mowry

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

7-19-93

RECEIVED
AUG 3 1 1993
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 67020
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Girl Linn (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 23, 1919 (Date of Event)
in Wallace (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Linn	Florence Mildred Linn
Date of birth	Feb 23, 1919	Feb 24, 1919

Subscribed and sworn to before me this 26th day of August, 1993.

X Notary Public, M. Hopper
Residing at _____
My commission expires 9-23-93
(Seal)

NOTARY PUBLIC STATE OF WASHINGTON SEPT 23 1993

X Florence M. (Linn) Hiberg
Signature of Applicant

X Box 92 - Veradale, Wa. 99037
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 CC created

Certificate of Baptism lists Florece Mildred Linn daughter of Samuel H Linn and Annie Linn born Feb 24, 1919 in Wallace. Baptism Date 7-3-25. Viewed by V.S.

InsuranceRecord from Mutual Trust Ins Co lists Florence M linn born in Wallace on Feb 24, 1919. Record dated Oct 1929. Viewed by V.S.

466-128 c 40-413

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 67021

No. _____ St.

Primary Registration District No. 2200

Registered No. 102

Hospital _____

FULL NAME OF CHILD Charles Rochelles Mowery Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 28 1919

FATHER		MOTHER	
FULL NAME	Charles Rochelles Mowery	FULL MAIDEN NAME	Doris Elizabeth Matthewson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 49 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 2/8 1919 H. C. Mowery Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-210-040366

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 172

File No. 67022

No. ____ St.

Primary Registration District No. 2200

Registered No. 193

Hospital ____

FULL NAME OF CHILD Minnie Elizabeth Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	March 10 1919

FATHER		MOTHER	
FULL NAME	Fred. C. Johnson	FULL MAIDEN NAME	E. Pearl Cowger
RESIDENCE	Murray Ida	RESIDENCE	Murray, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ida	BIRTHPLACE	Kans.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 A.M. on the date above stated.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address ____

Filed 3/14 1919 J. C. Mowery

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H-11-4

521-112

PLACE [redacted]

006-459

County of Bin[redacted]

City of Aberd[redacted]

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67023

Registration District No. 116

File No. 8

Primary Registration District No. 2195

Registered No. 366

FULL NAME OF CHILD Lincoln Esau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 12 1919

FATHER		MOTHER	
FULL NAME	Henry Esau	FULL MAIDEN NAME	Mary Unruh
RESIDENCE	Aberdeen. Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed Feb. 12 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/12/41. w.h.

MAY

1196

415-219-00035

67024

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [redacted]

67024

436

County of Bingham

City of Aberdeen

Registration District No. 116

File No.

No. St.

Primary Registration District No. 2195

Registered No. 367

Hospital

FULL NAME OF CHILD Evelyn Jane Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. 19 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME David Watson Davis	FULL MAIDEN NAME Lillian Rosebud Bleimes
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen, Ida.
COLOR White — AGE AT LAST BIRTHDAY 47 (Years)	COLOR White — AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Aberdeen, Ida.

Registrar

Filed Feb. 19 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 67024

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Evelyn Jane Davis

Subscribed and sworn to before me this 12

day of May, 19 42

M. D. Luscheid

Notary Public, residing at Aberdeen, Idaho

My commission expires 12-31-45

(SEAL)

Signed Mrs. Lillian R. Davis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Aberdeen - Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By .....

(REGISTRAR'S SIGNATURE)

MAY 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

296-123-006319

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. 568

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 23 9

FATHER	MOTHER
FULL NAME: Israel Canfield Brown	FULL MAIDEN NAME: Mary Elizabeth Larson
RESIDENCE: Sterling, Ida.	RESIDENCE: Sterling, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 58 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 1-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Aberdeen, Ida

Filed Feb. 23 19 .....
Registrar

366212-005-399

PLACE OF BIRTH

County of Benewah.

City of Plummer.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 46 File No. 67026

Primary Registration District No. 2123 Registered No. 60

FULL NAME OF CHILD Lowe, Mary, Lowe.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Mar 12 1919

FATHER	MOTHER
FULL NAME George, Custer, Lowe,	FULL MAIDEN NAME Hulda, Sophia, Friemer
RESIDENCE Plummer, Idaho.	RESIDENCE Plummer, Idaho.
COLOR White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Nebraska City, Neb.	BIRTHPLACE Strong City, Kansas.
OCCUPATION Woodsman.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3. Three. Number of children of this mother now living, including present birth (2) Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 7-50 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Harrington, D.C.

Accoucheur.

(Physician or midwife)

Address Plummer, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed Mch 20 19 19

..... Registrar

S-Y CO. 24695

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 2 9 1965

214-114-005-392

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67027

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46

File No. .....

Primary Registration District No. 2123

Registered No. .....

FULL NAME OF CHILD James Howard Sampson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Mar (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Sampson	FULL MAIDEN NAME	Clara Agnes Liberty
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kirksville, Missouri	BIRTHPLACE	Liberty Lake, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seven (7) Number of children of this mother now living, including present birth Seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington D.C.

Accoucheur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Mch 20 1919 H. G. [illegible] Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-202-005-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67028

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46

File No. .....

Primary Registration District No. 2123

Registered No. .....

FULL NAME OF CHILD Francis Fay Lamb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar (Month) 2nd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Marion Lamb	FULL MAIDEN NAME	Blanch Bethel Simpson
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Desare, Arkansas	BIRTHPLACE	Lonoke, Arkansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth (2) Two

Number of children of this mother now living, including present birth (2) Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

Accoucheur,

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Mch 10 1919

H. G. Joeger

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

96K 211-005-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67029

County of Benewah

City of Plummer

No. _____ St.

Hospital _____

Registration District No. 46 File No. _____

Primary Registration District No. 2123 Registered No. 19

FULL NAME OF CHILD Norma Joyce Rodgers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Mar (Month) 11 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Ferguson Rodgers	FULL MAIDEN NAME	Helen Inez Coggswell
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Cedar Co. Iowa	BIRTHPLACE	Steel Co. Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (10) Ten Number of children of this mother now living, including present birth (8) Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

(Signature) S. A. Herrington, D.C.

Accoucheur (Physician or midwife)

Address Plummer, Idaho

Filed Mch 20 1919 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1959

259-202-009-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration D[redacted] 78

File No. 67030

No. ..... St.

Primary Registra[redacted] District No. 2155

Registered No. 1494

Hospital .....

FULL NAME OF CHILD Avril Doris Seibold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Lorne Seibold	FULL MAIDEN NAME	Gertrude Olsen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Wis
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Idaho

Filed Jan 2 1919 M. McKinnon (By Mrs B H) Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1943

386-208-009-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67031

County of Bonner

City of Laclede

Registration District No. 78

File No.

No. ____ St.

Primary Registration District No. 2155

Registered No. 1474

Hospital

FULL NAME OF CHILD Ruth Mae Hazy Thomas

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	Single	2	yes	Jan. 8 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harrison R. Thomas	FULL MAIDEN NAME	Clarinda Westover
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Saginaw, Mich.	BIRTHPLACE	Red Lake Falls, Minn.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 P.M. on the date above stated.

(Signature) William N. Norris, M.D.

Physician (Physician or midwife)

Address Laclede, Idaho.

Filed Jan 13 1919 M. McKinnon (By Mrs. B.H.) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

V

253 108 009-381

Amended 11-16-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67035
Local Reg. No. 1501
Reg. Dist. No. 78

1. PLACE OF BIRTH

a. COUNTY: Bonner

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kootenai

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonner

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kootenai

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Albert b. (Middle): Wayne c. (Last): Bellamy

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 1 - 8 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Albert b. (Middle): Henry c. (Last): Bellamy

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Dunn, Minnesota

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Susan b. (Middle): c. (Last): Shawver

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): St. John, Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. B. Patterson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 9, 1919

22. REGISTRAR'S SIGNATURE: Dr. M. McKinnon by I.K.M.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...ATISTICS, BOISE, IDAHO. ...ATE filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ATE when typewritten. Upon ...ATE.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 16 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 67035

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Wayne Bellamy (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1919 (Date of Event)
in Kootenai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Full Name	Alford Bellamy	Albert Henry Bellamy
Father's Birthplace	Kansas	Dunn, Minnesota
Mother's Full Maiden Name	Susan Shawon	Susan Wealthy Shawver
Mother's Birthplace	Neb.	St. John, Kansas

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
May, 1966

Notary Public, residing at Sandpoint, Idaho
My commission expires 3-25-67
(Seal)

Signed Mrs. Amy V. Miller
(Signature of Any Credible Person)

Kootenai, Idaho.
(Street Address, City, State)

FORM DH 60-155 CL 1-14-66. mm ~~two copys pd.~~ rec. #12761.
two copies pd.

Cert. Copy of Father's Own Birth Cert., State of Minnesota, gives full name as Albert Henry Bellamy, born Oct. 10, 1885 at Dunn, Minnesota to Albert and Ada J. Bellamy - birth registrered Oct. 20, 1885 - viewed by V.S. copy made Oct. 4, 1948-

~~Www~~ Another Child's Birth Cert. on file: (Idaho Birth) #47028 gives full name of parents as Albert Bellamy, born in Minn. and Susan Shawver, born in Kan. - viewed by V.S.

no documents to add mother's middle name - corrected the best we could, ok'd by bf

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67035

County of Bonner } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Albert Wayne Bellamy (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 8-1919 (DATE OF EVENT) in Kootenai, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 15th 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamee	Albert Wayne Bellamy
Albert Wayne		

Please give date of birth Jany 8th 1919

Subscribed and sworn to before me this 12th day of December, 1942

Arthur L Browden

Notary Public, residing at Sandpoint Ida

My commission expires Oct 6-1944

(SEAL)

Signed Mrs Susan (A.H.) Bellamy

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Kootenai Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CR[illegible] PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 16 1966

154-102-009-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67036

County of Bonner

City of Wrencoe

No. ..... St.

Hospital .....

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. 1500

FULL NAME OF CHILD Verne Ernest Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	1 - 2 - 19

FATHER		MOTHER	
FULL NAME	Geo. Anderson	FULL MAIDEN NAME	Bertha Heiberg
RESIDENCE	Wrencoe	RESIDENCE	Wrencoe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mont.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Stenog

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 4 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Patterson

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 2/2 1919

Dr. M. McKinnon (By IRM)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-212-009-128

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67037

County of Bonner

City of Westmond P.O.

No. Dufort Sta.

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No. 1502

Hospital

FULL NAME OF CHILD Anna Louise Dahlberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 12 1919

FATHER		MOTHER	
FULL NAME	Otto Wm Dahlberg	FULL MAIDEN NAME	Zella Alberta Ashley
RESIDENCE	Westmond	RESIDENCE	Paine.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 19 19 Dr. M. McKinnon (By J.K.M.)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-223-009-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital Lancaster Home.

Registration District No. 78

Primary Registration District No. 2156

File No. 67038

Registered No. 1503

FULL NAME OF CHILD Marie Louise Chaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Rolla George Chaney	FULL MAIDEN NAME	Edith Marion Allen
RESIDENCE	Sandpoint (Bronx)	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Pa
OCCUPATION	Rancher	OCCUPATION	H.W.J.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Feb. 19 19

Dr. M. McKinnon (By I.R.M.)

Registrar

Registrar

AUG 7 1950

599225-009_000

PLACE OF BIRTH

2/20/19

S. No. 11-C—25m-9-8-17

STATE O[redacted]
BUREAU OF VIT[redacted]
CERTIFICATE [redacted] 7039

County of Bonner

City of Sandpoint — Registration District No. 18 — File No.

No. ..... St. — Primary Registration District No. 2155 — Registered No. 1504

Hospital .....

FULL NAME OF CHILD Agnes Marie Erickson.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 25 191 9

FATHER		MOTHER	
FULL NAME	Eric Alfred Erickson	FULL MAIDEN NAME	
RESIDENCE	Selle, Idaho.	RESIDENCE	Selle, Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Vasa, Finland.	BIRTHPLACE	Vasa, Finland.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 M. on the date above stated.

(Signature) Erick Alfred Erickson

(Physician or midwife)

Address Sandpoint, Idaho

Filed Feb 19 12 — Dr. M. McKinnon (By I.R.M.) Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1957

H Z no mother

3 86203 009-386 19/19

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 1111 N. Ella *St.*

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. 67040

Registered No. 1505

FULL NAME OF CHILD Lois May Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		NO	Feb. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Taylor	FULL MAIDEN NAME	Vina Thomas
RESIDENCE	Mt. Ayre, Iowa	RESIDENCE	Sandpoint, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE		BIRTHPLACE	Spooner, Wis.
OCCUPATION	Common Laboror	OCCUPATION	Schoolgirl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at One A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Fred Doolittle

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Sandpoint, Idaho

Filed Feb 2 1919

Dr. M. McKinnon (By IRM)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

545·115·009-31 [redacted]

PLACE OF BIRTH

orm V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67041

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No.

Registered No. 1506

FULL NAME OF CHILD Robt Vance Emerson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 15 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Dempsey Emerson	FULL MAIDEN NAME: Frances Lauderdale,
RESIDENCE: Hope, Idaho	RESIDENCE: Hope, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Big Cabin, Okla.	BIRTHPLACE: Seattle, Wash.
OCCUPATION: Cedar Mill Operator.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 rd | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Sandpoint, Ida.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb 19 19

Dr. M. McKinnon (By I.R.M.)
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1957

253-12 2.009-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Florence St.

Hospital

Registration District No. 78

File No. 67042

Primary Registration District No. 2155

Registered No. 1507

FULL NAME OF CHILD Milsen George Kellner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Feb. 22, 1919

FATHER		MOTHER	
FULL NAME	Otto H. Kellner	FULL MAIDEN NAME	Verna Clemence
RESIDENCE	Sandpoint, Idaho.	RESIDENCE	Sandpoint, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wisconsin.	BIRTHPLACE	South Dakota.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9;30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint, Idaho.

Registrar

Filed Mar. 3 1919

Dr. M. McKinnon (By J.R.M.) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

265107.009-893

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67043 ~~6704~~

County of Bonner

City of Sandpoint

No. 511 Huron St.

Hospital

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1508

FULL NAME OF CHILD David Hill Swenson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			4th	yes	Jan (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Godfred Swenson	FULL MAIDEN NAME	Blanche Elida Hill
RESIDENCE	511 Huron St.	RESIDENCE	511 Huron St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Cannon Falls Minn.	BIRTHPLACE	Waukesha Wis.
OCCUPATION	accountant	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Page M D

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho.

19

Filed Jan 19 19 Dr. M. McKinnon (IRM)

Registrar

Registrar

S-Y-CO. 38071

N. B. In case of more than one child of each, in order of birth stated.

DEC 10 1942

695-201-009-963

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67044

County of Bonner

City of Sandpoint

Registration District No. 78

File No.

No. ..... St.

Primary Registration District No. 2155

Registered No. 1499

Hospital

FULL NAME OF CHILD Anna Mary Welborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	1 1 9

FATHER		MOTHER	
FULL NAME	D. W. Welborn	FULL MAIDEN NAME	Nancy Roller
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	68	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill	BIRTHPLACE	Texas
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 A M. on the date above stated.

(Born alive or [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Ballen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Jan 19 19

Dr. M. McKinnon (By IRM)

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363 128 1016-855

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

67046

Registration District No. 121

File No. XX

Primary Registration District No. 2199

Registered No. 39

FULL NAME OF CHILD Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Feb 28 1919

FATHER		MOTHER	
FULL NAME	Owen Johnson	FULL MAIDEN NAME	Millie Henry
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	white	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Edna (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Nelson (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/10 1919

J. H. Nelson Registrar

BUREA

CEP

419-225-016-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67047

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 38

FULL NAME OF CHILD LaVEARL MARTINDALE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	/		/	Yes	Feby 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Henry Martindale	FULL MAIDEN NAME	Sarah Elva Workman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainsons

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 3/10 1919

N. O. Nielson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 67047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Martindale (Name on Original Certificate) who was born (Was Born or Died) on 25 February 1919 (Date of Event)
in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ at time of this birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	LaVearl Martindale

Subscribed and sworn to before me this 2nd day of April, 1943.

Henry W. Fischer
Notary Public, residing at Burley, Ida.
My commission expires 6/1/46
(Seal)

Signed Sarah Elva Workman Martindale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 1943.

Henry W. Fischer
Notary Public, residing at Burley Idaho
My commission expires June 1, 1946
(Seal)

Signed Lillie Matthews
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho
(Street Address, City, State)

APR 7 1962

731-224-046-396

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67048

County of Cassia

City of Near Oakley Registration District No. 120 File No. XX

No. ____ St. Primary Registration District No. 2199 Registered No. 37

Hospital ____

FULL NAME OF CHILD Altha Jane Platt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 24 1919

FATHER		MOTHER	
FULL NAME	George William Platt	FULL MAIDEN NAME	Rose Hannah Crofts
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Jose L. Raimundi

(Physician or midwife)

Address Oakley

Filed 3/10 1919 S. H. Nielson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 1 4 1975

DECEASED

155-224-016-154

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67050

County of Bassia

City of Almo

No. ..... St.

Hospital .....

Registration District No. 120

Primary Registration District No. 2199

File No. XX

Registered No. 36

FULL NAME OF CHILD Baby Virginnia Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female			Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amos B. C. Jensen	FULL MAIDEN NAME	Mary Cristina Andreasen
RESIDENCE	Almo Idaho	RESIDENCE	Almo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Bear River City Utah
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4.30 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mrs Annie Green Almo Idaho

..... Registrar

Filed 3/10 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1964

SEP 4 1942

599-123-016-143

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67052

County of Cassia

City of Near Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 35

FULL NAME OF CHILD Eric Eugene Erickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Feb 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eric Emanuel Erickson	FULL MAIDEN NAME	Jone Adaline Ault
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainsmith

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Oakley

Filed 3/10 1919 A. F. Nielson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1946

238-22-016-613

Amended 2-11-64 (Be sure the information is complete and accurate)

State File No. 67053
Local Reg. No. 34
Reg. Dist. No. 120

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Martha
b. (Middle):
c. (Last): Schiferl

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) February (Day) 22, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Schiferl

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kansas

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mabel
b. (Middle):
c. (Last): Wallace

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A.F.O. Nielson

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Oakley, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3/10/1919

20. REGISTRAR'S SIGNATURE: A.F.O. Nielson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owr the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth c red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED FEB 10 1964 Bureau of Vital Statistics

Certificate No. 67053

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Shefferell (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1919 (Date of Event) in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Schiferl
Child's Date of Birth	Feb. 21, 1919	February 22, 1919
Father's Name	Wm. Shefferell	William Schiferl

Subscribed and sworn to before me this 6th day of March, 1963

Donna W. Dearden

Notary Public, residing at Park City, Utah

My commission expires ..... (Seal)

Signed Mabel W. Schiferl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 926, Park City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Summit

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1963

Donna W. Dearden

Notary Public, residing at .....

My commission expires ..... (Seal)

Signed Winifred Callister
(Signature of Any Credible Person)

Box 926, Park City Ut
(Street Address, City, State)

FORM DH 60-155 L 2-14-63.

Statement from D.D. DuSault, Registrar Consultant, University of Idaho, Moscow, Idaho, statement written-July 17, 1962 states "This is to certify that Martha Schiferl entered the University of Idaho on September 18, 1936. At that time she gave her birthplace as Oakley, Idaho, her birthdate as February 22, 1919 and father's name as W.G. Schiferl." - viewed by V.S.

The Mutual Life Insurance Co.-Insurance Application, dated Feb. 26, 1929 gives full name of insured as Martha Schiferl, born Feb. 22, 1919 at Oakley, Idaho-beneficiary is given as Mabel W. Schiferl, mother - viewed by V.S.

The Holy Sacrament of Baptism, St. Nicholas Church, Rupert, Idaho gives full name as Martha Schiferl, born February 22, 1919 at Oakley, Idaho to W.G. Schiferl and Mabel Schiferl - baptized March 12, 1919 by Rev. J. Wagner - viewed by V.S.

291-119-016-695

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67054

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 33

FULL NAME OF CHILD Bray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Bray	FULL MAIDEN NAME	Joan Fredleton
RESIDENCE	Churchill, Idaho	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Miss.	BIRTHPLACE	Mah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 3/10 1919 N. F. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

34K219-016-299

PLACE OF BIRTH

County of Cassia

City of Near Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

67055

Registration District No. 220

File No. XX

Primary Registration District No. 299

Registered No. 32

FULL NAME OF CHILD Rachel Cummins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	-	Yes	Feb 19 1919

FATHER	MOTHER
FULL NAME Francis Marion Cummins	FULL MAIDEN NAME Lou Briggs
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Tennessee
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Lawrence M.D.

(Physician or ~~midwife~~)

Address Oakley

Given names added from a supplemental report.

....19....

Registrar

Filed 3/10 19 19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993.119.016-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67056

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 299

Registered No. 31

FULL NAME OF CHILD WENDELL H. RICHINS Richens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 19 1919

FATHER		MOTHER	
FULL NAME	ORSON C. RICHINS Orson Richens	FULL MAIDEN NAME	MABEL HARRIET HUNTER Mabel Hunter
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19.....

Filed 3/10 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 67056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Feb. 19,1919 (Birth ~~or Death~~)
for Wendell H. Richins (Name on Original Certificate) who was born (Was Born ~~or Died~~) on Feb. 19,1919 (Date of Event)
in Oakley, Cassia County, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S.Ch. Membership records (Bible Record, Insurance Policy, Etc.) prepared on April 6, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Richens	Wendell H. Richins
name of father	Orson Richens	Orson C. Richins
Name of Mother	Harriet Mabel Hunter	Mabel Harriet (Hunter) Richins

Subscribed and sworn to before me this 13th
day of February, 1942

Notary Public, residing at Salt Lake City, Utah

My commission expires Nov. 22nd 1942
(Seal)

Signed Orson M. Richins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

125 N. St. Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 21 1942

315-111-016-437

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Cassia

City of near Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 67057

Primary Registration District No. 2199 Registered No. 29

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Feb 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raphael Alva Tanner	FULL MAIDEN NAME	Juliett M Laws
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rainsford

(Physician ~~or midwife~~)

Address Oakley

Filed 3/10 1919 [signature] Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897.107.016-299

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67058

Registration District No. 130 File No. XX

Primary Registration District No. 2199 Registered No. 27

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Feby. 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Daniel Higley	FULL MAIDEN NAME	Cora Esther Birch
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.50 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Oakley

Filed 3/10 1919 N. F. O. Nielson Registrar

S-Y-CO 38071

897-116-016-418

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Cassia

City of Near Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67059

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 30

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	/	/	Yes	Feb 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford Lee Higley	FULL MAIDEN NAME	Clarabelle Mayne
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rains M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Oakley

Filed 3/10 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-210-016-813

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. 67060

Primary Registration District No. 2199

Registered No. 28

FULL NAME OF CHILD Anderson

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Feb 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Anderson	FULL MAIDEN NAME	Emma Hall
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Wilson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Registrar

Filed Feb 10 1919 A. H. Wilson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-224-040-192

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

County of Shoshone

City of Wallace

Registration District No. 12[illegible]

File No. 67061

No. _____ St.

Primary Registration District No. 2200

Registered No. 101

Hospital _____

FULL NAME OF CHILD Isabelle Margaret Bard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	✓		✓	yes	Feb 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Francis Bard	FULL MAIDEN NAME	Elizabeth Carlingle Aikman
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tacoma, Wash	BIRTHPLACE	Clayton Wash
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

(Signature) L B Stockslager MD

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 2/[illegible] 1919 H. C. Mowery Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 20 1969

231-104-018-298

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ellsworth

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 67066

Primary Registration District No. 2168 Registered No. 10

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 4 1919

FATHER		MOTHER	
FULL NAME	Wm C. Staples	FULL MAIDEN NAME	Ivy Bryant
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed Mch 1st 1919 J. McFarley

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356.214.018-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 67067

Primary Registration District No. 2168 Registered No. 11

FULL NAME OF CHILD Lassiah Valentine Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2/14 1919

FATHER		MOTHER	
FULL NAME	Carrol T Lewis	FULL MAIDEN NAME	Hanna Story
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19.....

Filed Mar 1 1919 J. M. Fairley Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1959

389-221-018-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 67068

Primary Registration District No. 2168

Registered No. 12

FULL NAME OF CHILD Neva W. Chittenden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	2/21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W. Chittenden	FULL MAIDEN NAME	Martha Jennings
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswill (Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19....

Filed Mch 1 1919 J. M. Faine Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-221-018-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

File No. 67069

Primary Registration District No. 2168

Registered No. 13

FULL NAME OF CHILD Arlene Daisy Blaine

Sex of Child Female

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth [illegible] (Month) [illegible] (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clinton G Blaine	FULL MAIDEN NAME	Daisy White
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 pm M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella M Horswell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino Idaho

Filed Mch 1 1919 J. M. Fanly Registrar

S-Y-CO 38071

APR 8 1985

265-227-018-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

Primary Registration District No. 9168

File No. 67070

Registered No. 14

FULL NAME OF CHILD Anna Bernice Boehm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	X		X	yes	2/27/1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Boehm	FULL MAIDEN NAME	Alma Hendrickson
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino Idaho

Filed Mch 1 1919

J M Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263283 1040-765

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

67071

County of Shoshone

City of Avery — Registration District No. ____ File No. ____

No. ____ St. — Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Esther Bolanos

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bolanos	Romana Gonzalez
RESIDENCE	Martindale, Mont	Martindale, Mont.
COLOR	Red	Red
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Mexican Oaxaca	Mexican Oaxaca
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3.45 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Bunney M.D

(Physician or midwife)

Address Avery - Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed July 23 19 21

F. W. Almand
State Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28m-9-8-16

OCT

FEB

418-222-023-229

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67072

County of Gem

City of Montour

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD X Ruth Elizabeth Day

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	other		2	Yes	Feb. (Month) 22nd (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Herbert Day	FULL MAIDEN NAME	Albie Skippen
RESIDENCE	Montour	RESIDENCE	Montour
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY X	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Prescott Kansas.	BIRTHPLACE	Canada
OCCUPATION X	Railroad and Express Agent	OCCUPATION	Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Skippen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sweet Idaho

Filed Feb 1919

Registrar

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 22 1943

962- [redacted]

PLA[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of La[redacted]

City of Bovill

Registration District No. 66

File No. 67074

No. _____ St.

Primary Registration District No. 2146

Registered No. _____

Hospital Bovill Hosp.

FULL NAME OF CHILD Stanley Dudley Rosenberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 - 15 1919

FATHER		MOTHER	
FULL NAME	David Dudley Rosenberry	FULL MAIDEN NAME	Rose M. Kennedy
RESIDENCE	Potlatch Idaho	RESIDENCE	Potlatch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Michigan	BIRTHPLACE	South Dakota
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Bovill Idaho

Filed 9/29 1919 Mrs K. C. Gibson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NO[illegible]5 1942

APR 30 1952

SEP 12 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-122-029-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67075

County of Latah

City of Bovill

No. _____ St.

Hospital Bovill

Registration District No. 66

File No. _____

Primary Registration District No. 2146

Registered No. _____

FULL NAME OF CHILD Theodore Raymond Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 - 22 1919

FATHER		MOTHER	
FULL NAME	Theodore Martin	FULL MAIDEN NAME	Mabel M. Smith
RESIDENCE	Clarkia Idaho	RESIDENCE	Clarkia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 - P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Bovill Idaho

Filed 3/29 1919 Mrs R. C. Gibson Registrar

S-Y-CO 38071

OCT 22 1970

249-201-029466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67076

County of Latah

City of Bovill

Registration District No. 66 File No.

No. St.

Primary Registration District No. 2146 Registered No.

Hospital

FULL NAME OF CHILD Hazel Naomi Burk

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	3 / 1 / 19

FATHER		MOTHER	
FULL NAME	Frank A Burk	FULL MAIDEN NAME	Stella Margaret Woolsey
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8-A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed 3/29 19 19 Mrs T C Gibson

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

219.207.016-291

County of Cassia

City of Malta

No. ____ St.

Hospital AtHome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 67077

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Eva Edna Bailes
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Mar. 7, 1919

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Abrim Henson Bailes	FULL MAIDEN NAME: Violet May Brayley
RESIDENCE: Malta, Idaho	RESIDENCE: Malta, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: West Virginia	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. I. Sateo M. D.

(Physician or midwife)

Address Malta, Idaho

Filed Mar. 31 1919 C. I. Sateo

Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67077

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bailes (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1919 (Date of Event)
in Malta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Eva Edna Bailes
Mother's first name	Viola	Violet

Subscribed and sworn to before me this 21st day of August, 19 56.

Margaret Dillard
Notary Public, residing at Boise, Idaho
My commission expires August 4, 1958
(Seal)

X Signed Violet May Bailes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 19 56.

Margaret Dillard
Notary Public, residing at Boise, Idaho
My commission expires August 4, 1958
(Seal)

Signed Emma D. Day
(Signature of Any Credible Person)

212 Elm Ave.
(Street Address, City, State)

FORM DPH 55. 155

255-212-016-448

PLACE OF BIRTH

County of Cassia

City of Elba

No. ____ St.

Hospital Home

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 67078

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD MARCELLE BEECHER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil Rolla Beecher	FULL MAIDEN NAME	Iva Fiona Udy
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed May 31 1919 C. J. Sater

Registrar

S-Y-CO. 36071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 67078
County of Cache } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marcelle Beecher (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1919 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marcelle Beecher

Subscribed and sworn to before me this 1 day of July, 1943.

Signed Mrs Cecil R Beecher Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 3/22/44

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ....., 19....

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUL 2 1943

JUL 6 1943

AUG 1 1 1967

Amended 3/19/73

3 PL 223 1016-363

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67079
Local Reg. No.
Reg. Dist. No. 119

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heglar

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heglar

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Margaret b. (Middle): Elizabeth c. (Last): Chase

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Mar. 23, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Elmer b. (Middle): c. (Last): Chase

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Sherman, Texas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): Ethel c. (Last): Cochran

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Palouse, Washington

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. I. Sater, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malta, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Mar. 31, 1919

22. REGISTRAR'S SIGNATURE: C. I. Sater

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 2PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS FEB 15 1 05 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 67079

County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marguereth Elizabeth Chase (Name on Original Certificate) who was born (Was Born or Died) on Mar. 23, 1919 (Date of Event)

in Heglar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Marguereth	Margaret MARGARET

Subscribed and sworn to before me this 17th day of January 1973

Warren R Paras

Notary Public, residing at Grangeville, Idaho

My commission expires 3-2-75

(Seal)

Signed Emmet R. Chase

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

113 W N 4th Grangeville Idaho 83530

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 1973

Notary Public, residing at Grangeville Id 4

My commission expires 3-2-75

(Seal)

Signed x Shirley Hausladen

(Signature of Any Credible Person)

W 620 South St Grangeville Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11-17-61. one copy pd. rec. #3906.

Marriage Certificate from Idaho gives groom's name as Charles E. Jones and Margaret E. Chase as the bride. Dated Sept. 17, 1938. Viewed by V. S.

Elementary School Diploma gives name as Margaret Chase. From Idaho. Dated May 18, 1934. Viewed by V. S.

893-228-1016-755

PLACE OF BIRTH — name added 1/21/81

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67080

County of Cassia

City of Naf

No. ____ St.

Hospital At Home

Registration District No. 119

Primary Registration District No. ____

File No. ____

Registered No. ____

FULL NAME OF CHILD Hilda Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Feb 28 1914

	FATHER	MOTHER
FULL NAME	Joseph Vernal Hill	FULL MAIDEN NAME Christina Gee
RESIDENCE	Naf Idaho.	RESIDENCE Naf, Ida
COLOR	White	COLOR Mile
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Mink Creek Utah	BIRTHPLACE Willsville Utah
OCCUPATION	Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:18 P. M. on the date above stated.

(Signature) C J Slater M D

(Physician or midwife)

Address Malta Idaho

Filed Mar 31 1914

C J Slater
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 36071

12-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
DEC 31 1 10 PM '80

State of _____ } ss.
County of _____

Certificate No. 67080
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 28, 1919 (Date of Event)

in Naf (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Hilda Hill

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Hilda Spencer
Signature of Applicant

3684 W 4575 So Ogden Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of December, 1980.

Notary Public Clare Sorenson

Residing at Ogden, Utah

My commission expires MY COMMISSION EXPIRES MARCH 11, 1983

(Seal)

Christine Hill
Supporting Signature

Garland Utah
Street Address, City, State

lcc pd

Certif of Blessing from the LDS Church gives nameas Hilda Hill daughter of Vernal Hill and Christina Gee born Feb 28, 1919 at Naf, Idaho. Blessed May 11, 1919 viewed by V. S.

JAN 22 1981

Certif of Baptism from the LDS Church gives nameas Hilda Hill daughter of Joseph Vernal Hill and Christina Gee and was born ~~K~~=Feb 28, 1919 at Naf, Idaho. Baptized May 28, 1927. viewed by V. S.

24-215-1016-623

PLACE OF BIRTH - name added 3/6/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119

File No. 67081

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital At Home

FULL NAME OF CHILD Nellie Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Mar 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Napoleon Smith	Vernie Rose Osterhout
RESIDENCE	Malta Idaho	Malta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Paradise Utah	Elba, Idaho
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Mar 31 1915 C. J. Slater

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S. V. No. 38071

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 1 2 27 PM '79

State of _____
County of _____ } ss.

Certificate No. 67081
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on MAR. Nov 15, 1919 (Date of Event)

in Malta, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Nellie Smith

Subscribed and sworn to before me this 27 day of Nov, 19 79.

Notary Public, Ronald E Morgan

Residing at Cedar

My commission expires [illegible]

(Seal)

√ Nellie Smith
Signature of Applicant

Rt 1. Hagerman Ida 83332
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 11/6/79

MAR 6 1980

~~XXXX~~

Letter from Raft River High school, Malta, Idaho gives name as Nellie Smith daughter of Samule N. Smith and Vernic Rose Osterhout, born March 15, 1 919 and graduated from the old Malta H.S. May 27, ~~1937~~ 1937. viewed by V. S.

Marriage license from Idaho gives name as Gordon W. Drage and Nellie Smith. dated of marrieage Oct 14, 1938. viewed by V. S.

219.216.16-962

PLACE OF BIRTH

County of Cassia

City of Elba

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 49

File No. 67082

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Cleo Pearl Barker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 16 1919

	FATHER	MOTHER
FULL NAME	Samuel Henry Barker	FULL MAIDEN NAME Mabel Idaho Roberts
RESIDENCE	Elba, Idaho,	Elba, Idaho,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Elba, Idaho,	Hazel Idaho
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

(Signature) C. J. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Filed May 31 1919 C. J. Slater

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO. 38071

168-130-016-212

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Bridge

No. ..... St.

Hospital At home

Registration District No. 119

File No. 67083

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Earl B. Johns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 30 1919

FATHER		MOTHER	
FULL NAME	Thos. Saville Johns	FULL MAIDEN NAME	Amy Barker
RESIDENCE	Bridge Idaho	RESIDENCE	Bridge Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Malta Idaho

Filed Mar 31 1919 C. I. Sater Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-215

PLACE [redacted]

CERTIFICATE OF BIRTH

67084

County of Ox[redacted]

City of Gu[redacted]

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Ida Mae Rowe.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 15 1919

FATHER		MOTHER	
FULL NAME	Glen Rowe	FULL MAIDEN NAME	Mary Merchant
RESIDENCE	Guffey, Idaho	RESIDENCE	Guffey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Saybrook, Illinois.	BIRTHPLACE	Rockingham, Mo.
OCCUPATION	rancher	OCCUPATION	House wife.

Number of child of this mother, including present birth Two (2) Number of children of this mother now living, including present birth (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M.D.

Physician (Physician or midwife)

Address Murphy, Owyhee Co. Ida.

Given names added from a supplemental report

.....19.....

.....

Registrar

Filed Mar. 31 19 19 Pearle Dodds

Registrar

S-Y CO. 20174

[redacted] 1-C—20m-10-15-12

County of Owyhee

CERTIFICATE OF BIRTH

City of near Snake River, Owyhee Co. Registration District No. 43 File No. 67085

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Inez Verona

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 19 1912

FATHER

FULL NAME Pedro Verona

RESIDENCE Owyhee Co. (Sheep Camp)

COLOR White (Basque) AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Bilboa, Spain

OCCUPATION Sheepherder Camp-tender

MOTHER

FULL MAIDEN NAME Marie Lesita Ijurra

RESIDENCE Oregon

COLOR White (Basque) AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Cordova, Spain (near)

OCCUPATION Camp cook, etc.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Johnston M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Murphy Idaho

Filed April 19

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE

67086

County of Owyhee

City of Silver City — Registration District No. 43 — File No.

No. St. — Primary Registration District No. 2120 — Registered No.

Hospital

FULL NAME OF CHILD Luvega Panzeri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	18 Feb. 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernesto Panzeri	FULL MAIDEN NAME	Mary Panzeri
RESIDENCE	Silver City	RESIDENCE	Silver City
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34 / 36
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Schuyler, M.D.
Physician (Physician or midwife)

Address Murphy, Owyhee Co. Ida.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Feb 19 19

Registrar

S-Y CO. 20174

SEP 17 1952

268-202.001-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67087

County of Ada

City of Star Idaho

Registration District No. 89

File No.

No. St.

Primary Registration District No. 2001

Registered No.

Hospital

FULL NAME OF CHILD Lucille Boyle

Sex of Child F M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feb 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lyron R Boyle	FULL MAIDEN NAME	Anna J Smith
RESIDENCE	Star, Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) O W Hall MD

(Physician or midwife)

Address Star Idaho

Filed 2-3 1919 O W Hall MD

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46K-113 oct 693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star Idaho

Registration District No. #9

File No. 67088

No. ..... St.

Primary Registration District No. 2001

Registered No. .....

Hospital .....

FULL NAME OF CHILD Luther A. Douglas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jany 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry A Douglas	FULL MAIDEN NAME	Dora E Wiley
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Locomotive Engineer	OCCUPATION	Hwefs

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Star Idaho

Filed Jany 13 1919 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/4/41 L. B.

JUL 8 1945

AUG 4 1950

462-202-0004432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adee

City of Star Amended 10-2-80

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

67089

Registration District No. 89

Primary Registration District No. 7001

File No. _____

Registered No. _____

FULL NAME OF CHILD Gladys Ann Mosman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			Yes	Jan 2 1919

FATHER		MOTHER	
FULL NAME	Lee F Mosman	FULL MAIDEN NAME	Elsie L McKie
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Hall MD

(Physician or midwife)

Address Star, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 3 19 19 Ella Hall MD

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 29 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED BUREAU OF VITAL STATISTICS

County of .....

Certificate No. 67089

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Mossman (Name on Original Certificate) who was born (Was Born or Died) on Jan. 2, 1919 (Date of Event)

CT 2 10 17 AM '80

in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Gladys Ann Mosman
Fathers name	Mossman	Mosman

Subscribed and sworn to before me this 29 day of Oct., 1973

Sue Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed William E. Frost

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Eagle Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 1980

Karen L. [illegible]

Notary Public, residing at Meridian, Ida

My commission expires Lifetime

(Seal)

Signed Mabel M. [illegible]

(Signature of Any Credible Person)

820 E 3rd Meridian Ida

(Street Address, City, State)

FORM DH 60-155

Brothers birth Certificate Richard Theodore Mosman born July 20, 1925 at Ada County, Idaho State File # 133200 gives fathers name as Lee F. Mosman.
Viewed by V.

Own Childs birth certificate Lee Elmer Frost born Dec. 22, 1949 at Boise, Idaho gives mothers name as Gladys AnnMosman (Gladys Frost) State File No. 49-14386.
Viewed by VS

Fathers death Certificate Leo Frank Mosman died March 12, 1958 at Meridian State File # 58-83 gives name as Mosman.
Viewed by Vs

Family Bible Record gives name as Gladys Ann Mosman born January 2, 1919 at Star Idaho, Ada County, Idaho. Parents Frank Mosman.
Viewed by V.S.

Marriage certificate issued by Ada County, Idaho gives name of bride as Gladys Ann Mosman married to William Elmer Frost. Certificate # 199777 Ada County Records.
Viewed by V.S.

593-227, 20-259

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Form V. S. No. 11-C—~~20m~~-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 67091

Primary Registration District No. 7001 Registered No. .....

FULL NAME OF CHILD Letha Marjory Niccolls

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M.			Yes	Feb 27 1919

FATHER	MOTHER
FULL NAME James F Niccolls	FULL MAIDEN NAME Ora Rosa Beglinghoff
RESIDENCE Star	RESIDENCE Star Ida
COLOR W. AGE AT LAST BIRTHDAY 79 (Years)	COLOR W. AGE AT LAST BIRTHDAY 73 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Hall M.D.

(Physician or midwife)

Address Star, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 2-28 19 19 A. W. Hall M.D.

..... Registrar

Registrar

9-Y C.O. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-28-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 11 1969
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 67091

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Niccolls who was born on Feb. 27, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Star, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Letha Marjory Niccolls

Subscribed and sworn to before me this 11 day of
June, 19 69.
Hazel S. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1972.
(Seal)

Signed Mary A. White Ragsdale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1517 Allen St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 402676. Child born Dec. 6, 1944. Gives mothers name as Letha Marjory Niccolls. Viewed by V.S.

JUN 11 1969

Family Bible Gives name as Letha Marjory Niccolls born at Star, Idaho on Feb. 27, 19
19

Family Bible Obviously old
Viewed by V.S.

369-13110 Ay-385

PLACE OF BIRTH

[redacted]

S. No. 11-C—25m-1-1-18

67099

County of ~~Ada~~ Canyon

City of Star

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2001 Registered No.

Hospital

FULL NAME OF CHILD HOWARD WILLIAM CORRON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Mch 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Sherman Corron	FULL MAIDEN NAME	Martha Edna Chenoweth
RESIDENCE	Middleton Ida R.F.D.	RESIDENCE	Middleton R.D.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3-9 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Star Idaho

19

Filed 3/31 1919 O W Hall

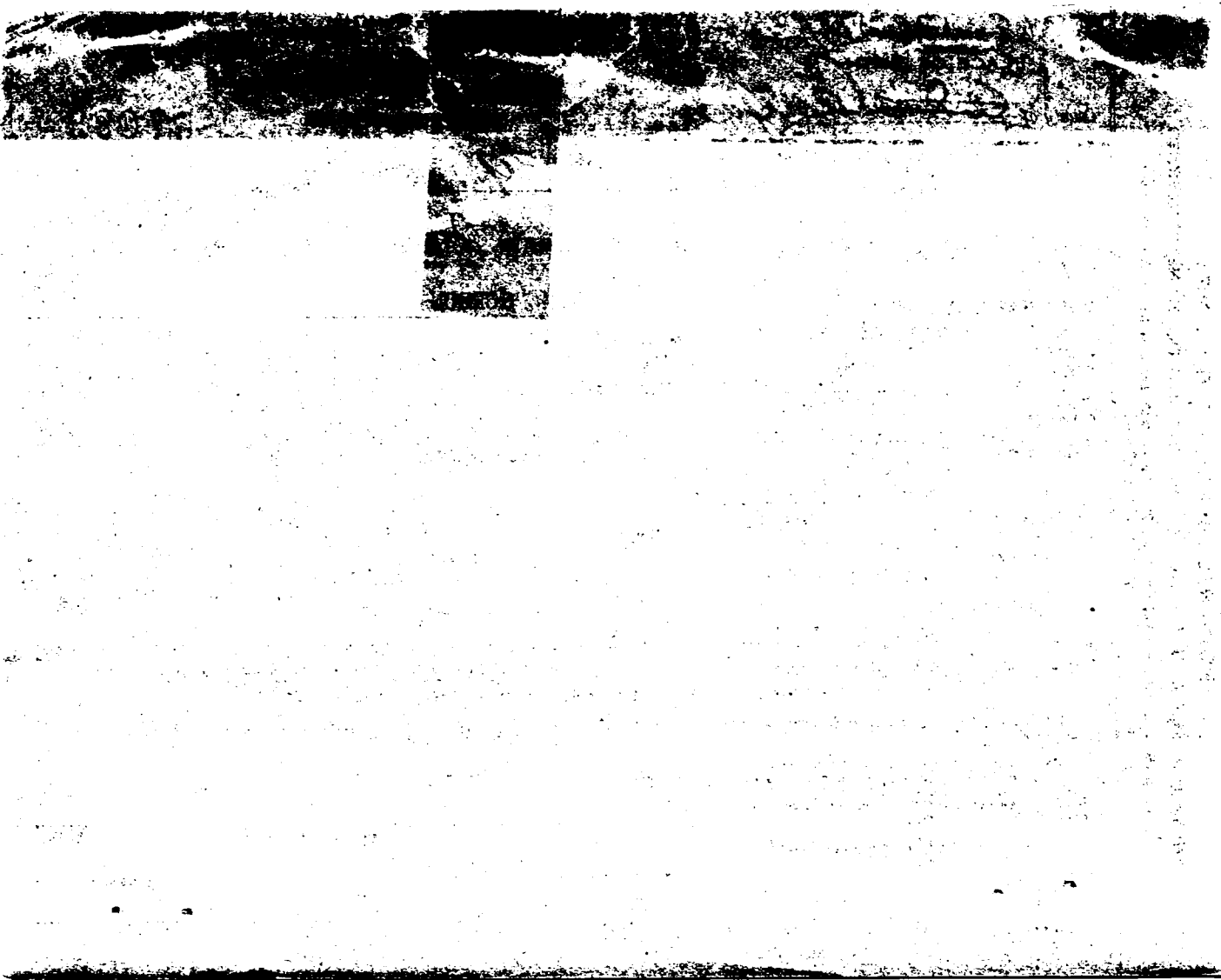
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

JAN 2

Certificate No. 67099
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Corron (Name on original certificate) who was born (Was born or died) on Mar. 31, 1919 (Date of event)
in Canyon County (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Social Security Card (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Corron	Howard William Corron

Subscribed and sworn to before me this 21st day of January, 1942

[signature]

Notary Public, residing at Portland Oregon
My commission expires March 19, 1943
[SEAL]

Signed Ethel Corron Van Ness
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Born 4-23-'06-Sister
1923 S. E. Clatsop St Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st, day of January, 1942

[signature]

Notary Public, residing at Portland Oregon
My commission expires March 19, 1943
[SEAL]

Signed Esta Corron Ironside
(Signature of any credible person other than the previous affiant.)
3414 S.E. 21 Ave. Portland Oregon
(Street Address, City, State)
Born 12/2/12 - sister.

Received for filing on JAN 2[illegible] By
(Registrar's signature)

JAN 3 1 1942

JUL 17 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

67100

City of Star

No. _____ St.

Hospital _____

Registration District No. 9

Primary Registration District No. 20011

File No. _____

Registered No. _____

FULL NAME OF CHILD Robert Earl Crowther

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl ~~[illegible]~~ Crowther	FULL MAIDEN NAME	Ollie Maud Shelton
RESIDENCE	Star Ida	RESIDENCE	Star
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H wife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

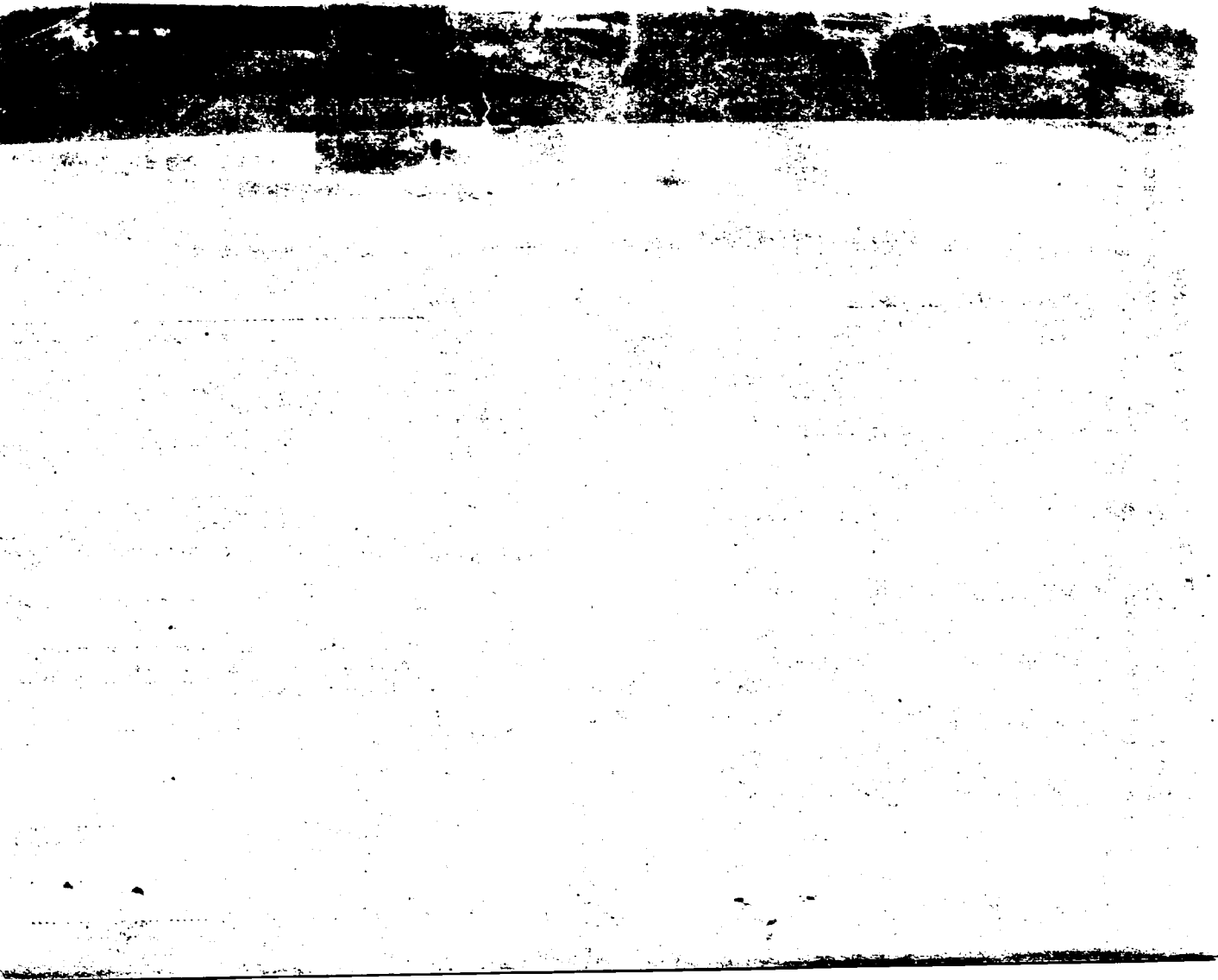
Address Star Ida

Filed 2/3 1919 O W Hall MD

Registrar

Registrar

S-Y CO. 24655



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 67100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Earl Crowther (Name on Original Certificate) who born (Was Born or Died) on Feb. 2, 1919 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Robert Earl Crowther
surname	Crothier	Crowther

Subscribed and sworn to before me this 25th day of October, 19 43

Notary Public, residing at Emmett, Idaho

My commission expires Nov. 20, 1944
(Seal)

Signed Ollie Crowther Powell (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt.1, Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gem } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 19 43

Notary Public, residing at Emmett, Idaho

My commission expires Nov. 20, 1944
(Seal)

Signed Ollie Crowther Powell
(Signature of Any Credible Person Other Than Previous Year)

Rt. 1, Emmett, Idaho
(Street Address, City, State)

OCT 28 1943

JUN 12 1951

DEC 23 1952

459214 ad 395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-12

CERTIFICATE OF BIRTH

67102

County of Ada

City of Eagle R F D

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2001 Registered No.

Hospital

FULL NAME OF CHILD Dolla Olive Mervin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Jan 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Ray Mervin	FULL MAIDEN NAME	Jesse Maud Kler
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Star Idaho

Filed Jan 16 1919 Ola Hall M.D.

Registrar Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOTICE

THIS CERTIFICATE OR REPORT IS NOT VALID FOR IDENTIFICATION PURPOSES

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Meridian — Registration District No. 11 — File No. 67103

No. ..... St. — Primary Registration District No. 2083 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Mae Rea

Sex of Child Female — Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) — Legitimate? Yes — Date of Birth Mar. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garland Rea	FULL MAIDEN NAME	Bertha Jane Lane
RESIDENCE	Meridian, Ida. R.D.	RESIDENCE	Meridian, Ida. R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.

..... 19 .....

Filed Apr. 1 1919 Alice A. Dutton

Registrar — Registrar

Form V. S. No. 11-C—25m-3-4-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

9-2-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of FRESNO } ss.

Certificate No. 67103
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rea (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 25,1919 (Date of Event)
in Meridian (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ethel Mae Rea

Subscribed and sworn to before me this 3RD day of
NOVEMBER, 1983.
Notary Public, Karen K. Wass
Residing at 1732 N. FIRST, FRESNO, CA 93703
My commission expires AUGUST 3, 1984
(Seal)

OFFICIAL SEAL
KAREN K WASS
NOTARY PUBLIC - CALIFORNIA
FRESNO COUNTY
My comm. expires AUG 3, 1984

X Bertha Jane Wright
Signature of Applicant
X3354 E terrace ave Fresno Ca
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

pcc credit

State Board of Cosmetology License for years 1974-1976 lists Ethel M Horan as Licensee. Viewed by V.S.

DEC 9 1983

Final Decree of Divorce lists Plaintiff as Ethel Mae Maus Defendent as Jack Wallace Maus. dated Feb 8, 1956 in County of Napa, California. Viewed by V.S.

295-205-001-856

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67104

County of Ada

City of Eagle

Registration District No. 11

File No.

No. R. D. St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Verna Ardeen Kinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Butler Thomas Kinger	FULL MAIDEN NAME	Pearl Ardeen Heffner
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalise (Born alive or stillborn), at 7 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.

19

Filed Mar. 11 1919 Alice A. Dutton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 14 195

314-127-001-236

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67105

County of Ada

City of Meridian

No. Near Beatty Sta. St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Raymond Perry Carrel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Wesley Carrel	FULL MAIDEN NAME	Olive Joyce Scott
RESIDENCE	Meridian Ada - R. D.	RESIDENCE	Meridian Ada. R. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian Ada

19

Filed Feb. 27 1919 Alice A. Dutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-346137

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67124

City of McCammon Registration District No. 84 File No. 46

No. _____ St. Primary Registration District No. 2161 Registered No. 2247

~~Hospital~~ Home

FULL NAME OF CHILD Mildred Cora Hansen,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Milton L Hansen	FULL MAIDEN NAME	Cora Randall
RESIDENCE	McCammon R.F.D.	RESIDENCE	McCammon R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Moroni Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Hartigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address McCammon, Idaho

Filed Mar 6, 1919 O. D. Steely
Registrar

S-Y-CO 38071

PLACE OF BIRTH

County of

Amended 1/20/72

593-219-003-811

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67125
Local Reg. No.
Reg. Dist. No. 84

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bannock	a. STATE: Idaho b. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Edith	Viola	Eichelberger

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 19, 1919

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Charles	R.	Eichelberger

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
19 YEARS	Nebraska	R. R. Fireman	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Mary	Ellen	Haas

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Pocatello, Idaho			

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
H. J. Hartvigsen, M.D.	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: McCammon, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: March 6, 1919	22. REGISTRAR'S SIGNATURE: P. B. Steely
	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: white | RACE OR COLOR OF MOTHER: white

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY

DECEASED 10-4-67 ID 07-7810

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 14 1972 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 67125

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Edyth Viola Eckelberger (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1919 (Date of Event)

in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record - Baptism Record + oldest sons birth certificate (Bible Record, Insurance Policy, Etc.) prepared on 1-13-72 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edyth Viola Eckerlberger	Edith Viola Eichelberger
Father's last name	Eckelberger	Eichelberger

Subscribed and sworn to before me this 11th day of January, 1972

Kenneth E. Roberts

Notary Public, residing at Pocatello, Idaho

My commission expires 4-1-74

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1972

Kenneth E. Roberts

Notary Public, residing at Pocatello, Idaho

My commission expires 4-1-74

(Seal)

Signed Edith V. Floyd

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12/1/71 1cc pd. rec. #26205

Family Bible Record gives name Edith Viola Eichelberger born Jan. 19, 1919 at McCammon, Idaho. Viewed by V. S.

Ceritf. of Baptism and Confmation from LDS Church gives name as Edith Viola Betty daughter of Charles Robert Eichelberger and Mary Ellen Haas. Born Jan. 19, 1919 at McCammon, Idaho. Was Baptized July 2, 1955 and Confmed. July 2, 1955. Viewed V. S

Notification of Birth Registration for Gary Georgy Betty born Jan 15, 1938 gives father's na e as George Wilbert Betty and mother's maiden name as Edith Eichelberger. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

324230-007-34

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67127

Registration District No. 64 File No. 46

Primary Registration District No. 2161 Registered No. 2250

FULL NAME OF CHILD Anna Tsuboy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 30 1919

FATHER

FULL NAME James Tsuboy

RESIDENCE McCammon

COLOR Japanese AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Japan

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Yoshi Tsuboy

RESIDENCE McCammon

COLOR Japanese AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Japan

OCCUPATION Laborer's Wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 a m on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address McCammon Idaho

Filed Mar 6, 1919 O B Steely

Registrar

S-Y CO. 24698

JUL 27 1977

659-207-003-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 705 So. Ark. St.

Hospital Home

Registration District No. 84 File No. 67128 46

Primary Registration District No. 2161 Registered No. 7751

FULL NAME OF CHILD Geraldine Marie Fergusen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2-7-1919

FATHER		MOTHER	
FULL NAME	Geo. Jesse Fergusen	FULL MAIDEN NAME	Oradeitia Gresham
RESIDENCE		RESIDENCE	705 So. Ark., Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Rockville, Mo.
OCCUPATION	Barber	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna M. Bird

midwife (Physician or midwife)

Address 905 So. Main St. Pocatello Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 6 1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1967

Amended 8-22-69

(Be sure the information is complete and accurate)

State File No. 67129
Local Reg. No. 46
Reg. Dist. No. 84

296-110-003-651

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location): 405 S. Johnson

3. CHILD'S NAME (Type or print) a. (First): Scott b. (Middle): Wilson c. (Last): Brown

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): February 10, 1919

Born - 11:50 P.M.

FATHER OF CHILD

7. FULL NAME a. (First): Elbert b. (Middle): R. c. (Last): Brown

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): May b. (Middle): c. (Last): Weaver

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Mar. 1, 1919

22. REGISTRAR'S SIGNATURE: O. B. Steely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

BEFORE THE STATE OF IDAHO DEPARTMENT OF HEALTH
AND
BEFORE THE PASSPORT SERVICE

In the Matter of the Birth Certificate and Passport Application of SCOTT W. BROWN	A F F I D A V I T

STATE OF IDAHO

COUNTY OF BANNOCK:ss

ELBERT B. BROWN, being first duly sworn, deposes and says:

I.

That I am the natural father of Scott W. Brown; that I am the same person listed as the father on Brith Certificate Number 67129; that my son has always been known by the name of Scott W. Brown and has never been known as John Brown.

II.

That on the records of the Church of Jesus Christ of Latter-day Saints my son is listed as Scott W. Brown; that he was known on all public school records of Scott W. Brown; that in all of his business dealings of which Ihave any knowledge, he is listed as Scott W. Brown.

DATED at Pocatello, Idaho this 14th day of August, 1969.

Elbert B. Brown
ELBERT B. BROWN

SUBSCRIBED and sworn to before me this 14th day of August, 1969.

Max L. Parrish
NOTARY PUBLIC FOR IDAHO
Residing at Pocatello, Idaho

PARRISH & PINCOCK
ATTORNEYS AND
COUNSELLORS AT LAW
250 EAST CENTER
POCATELLO, IDAHO

Own child's birth certificate on file Idaho #49-6531 gives father's name as Scott Wilson Brown. Child born June 4, 1949. -- Viewed by VS

photocopy of LDS Church Blessing certificate issued by the Pocatello 3rd Ward ⊠⊠ blessed on May 5, 1919. Gives birthdate as Feb. 11, 1919 at Pocatello Idaho to Elbert R. Brown and May Weaver. Scott Wilson Brown.--Viewed by VS

388-210-003-955

PLACE OF BIRTH

Amendded 7-20-82

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67130

County of Bannock

City of Pocatello

No. 654 W. Greeley St.

Hospital Home

Registration District No. 84

File No. 46

Primary Registration District No. 2161

Registered No. 2253

FULL NAME OF CHILD Ethel Marie Thyberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Randolph Thyberg	FULL MAIDEN NAME	Martha Jane Iversen
RESIDENCE	654 W. Greeley Pocatello Ida	RESIDENCE	654 W. Greeley, Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Smithfield, Utah	BIRTHPLACE	Paradise, Utah
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 905 So. Main St. Pocatello, Ida

Filed Mar 1, 1919

F. B. Greeley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of _____ } ss.

Certificate No. 67130
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thyberg (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 10, 1919 (Date of Event)

in Pocatello (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Ethel Marie Thyberg
mother's maiden name	Iverson	Iversen

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Ethel Marie Colvin
Signature of Applicant

1020 McKinley # 23
Street Address, City, State

Pocatello, Idaho 83201

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

_____
Supporting Signature

Patriarch Blessing issued January 21, 1932, in Pocatello, Idaho gives name as Ethel Marie Thyberg, daughter of A. Rudolph Thyberg and Martha J. Iversen, born Feb. 10, 1919, in Pocatello, Idaho.
Viewed by V.S.

Certificate of Blessing of child, Alma Kathleen Palmer shows parents names as Herbert William Palmer and Ethel Marie Thyberg. Child born August 14, 1943, and Blessed October 3, 1943, in L.D.S.Church.
Viewed by V.S.

243-215-007-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67131

County of Bannock

City of Pocatello Registration District No. 84 File No. 46

No. ..... St. Primary Registration District No. 3161 Registered No. 7754

Hospital General Hospital

FULL NAME OF CHILD Barbara Sutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Feb 15 1919

FATHER	MOTHER
FULL NAME: David James Sutton	FULL MAIDEN NAME: Emma Braun
RESIDENCE: 758 So 8th.	RESIDENCE: 758 So 8th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Paris, Ida.	BIRTHPLACE: Providence, Ut.
OCCUPATION: Dentist	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Pocatello, Ida.

Filed Mar 6, 1919 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849.216.003-859

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67132

Registration District No. 84 File No. 46

Primary Registration District No. 2.1.6.1 Registered No. 2755

FULL NAME OF CHILD Mercedes Hurtado

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 16 1917

FATHER	MOTHER
FULL NAME Ray Hurtado	FULL MAIDEN NAME Francesca Hernandez
RESIDENCE 626 S. 3rd in rear	RESIDENCE 626 S 3rd
COLOR brown AGE AT LAST BIRTHDAY 30 (Years)	COLOR brown AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Mexico	BIRTHPLACE Mexico
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. N. J. Smith

(Physician or midwife)

Address Pocatello

Filed Mar 1 19 19 O. B. Steed Registrar

856-122-003-155

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1125 No Arthur St.

Hospital

Registration District No. 84 File No. 67133 46

Primary Registration District No. 2161 Registered No. 2256

Full Name of Child George Albert Hewlett

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
male		yes	Feb. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Ennons Hewlett	FULL MAIDEN NAME	Rosina Jensen
RESIDENCE	1125 No Arthur	RESIDENCE	1125 No Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Eden Utah
OCCUPATION	Laborer O. S. L.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Address Pocatello Idaho

Filed Mar 2, 1919 P. V. B. Steele Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

...an one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-126-003-353

PLACE OF BIRTH

name added 1-27-83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 67135

County of Bannock

City of Pocatello

Registration District No. 84

File No. 47

No. ..... St.

Primary Registration District No. 2161

Registered No. 2258

Hospital St Anthonys

FULL NAME OF CHILD Glen Paul Scheu

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry J. Scheu.	FULL MAIDEN NAME	Mettie Lethen.
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Burlington, Iowa.	BIRTHPLACE	Utah
OCCUPATION	Track Foreman,	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Sheely

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed 3/1/1919 O B Sheely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-30-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

JAN 25 1 02 PM '83

State of Idaho
County of Bannock } ss.

Certificate No. 67135
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Scheu (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-26-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Glen Paul Scheu

Subscribed and sworn to before me this 22nd day of January, 1983.
Notary Public, Linda M Warner
Residing at Pocatello, Idaho
My commission expires 8-31-86
(Seal)

x Glen Paul Scheu
Signature of Applicant
1639 N. Harrison av Pocatello, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1983.
Notary Public, Linda M Warner
Residing at Pocatello Id
My commission expires 8-31-86
(Seal)

Margaret Scheu
Supporting Signature
1639 North Harrison - Pocatello, Idaho
Street Address, City, State

#1 cc pd
1 bc pd

Public School's record from Pocatello, Idaho gives Glen Paul Scheu as male student for semester begining Sept 14, 1925 thru Jan 29, 1926.
Viewed by V.S.

JAN 27 1983

Honorable Discharge from U.S. Armed Forces gives Glen P Scheu born 2-26-19 in Pocatello, Idaho was discharged 10-23-45. Viewed by V.S.

954-227-003-291

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67136

County of Bannock

City of Pocatello

No. 544 So Hayes St.

Hospital General Margaret Grace

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2259

FULL NAME OF CHILD ~~Mary~~ Grace Redding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	2 - 27 1919

FATHER		MOTHER	
FULL NAME	Lewis Elmer Redding	FULL MAIDEN NAME	Anna Grace Brady
RESIDENCE	544 So Hayes.	RESIDENCE	544 So Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Decatur. Nebr.	BIRTHPLACE	Uni Place Nebr.
OCCUPATION	Floor Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P B Steely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Filed Mch 1, 1919 P B Steely

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 67136

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth for Margaret Grace [illegible] who Born on Feb 27 1919
(Name on Original Certificate) (Was Born [illegible]) (Birth or Death) (Date of Event)
in Pocatello Bannock Co. Ida. are erroneous or were [illegible]; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church Records & Ins. prepared on March 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Madge Grace	Margaret Grace Redding

Subscribed and sworn to before me this 17th day of August 1945

Notary Public, residing at Scottsbluff Nebr.

My commission expires June 15, 1951
(Seal)

Signed Mrs Grace Brady Redding Ozenbaugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2 Gering Nebr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of February 1945

Notary Public, residing at Monterey Park

commission expires My Commission Expires Mar. 17, 1947
NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed Mrs. L. B. Denton
(Signature of Any Credible Person Other Than Previous Year)

229 S. Nicholson Ave
(Street Address, City, State)
Monterey Park Cal.

OCT

Amended 8/19/71

212-22-8007-453

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67138
Local Reg. No.
Reg. Dist. No. 84

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 229 S. 4th

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location): 229 S. 4th Ave.

3. CHILD'S NAME (Type or print)

a. (First): La Rae

b. (Middle):

c. (Last): Bassett

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb. 28, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Earl

b. (Middle): R.

c. (Last): Bassett

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
31 YEARS	New York	Brakeman	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edna

b. (Middle):

c. (Last): DeCraene

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
23 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Mar 1, 1919

22. REGISTRAR'S SIGNATURE: O. B. Steel

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 0 5 2002

7-23-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67138

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Bernice Bassett (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Bernice Bassett	La Rae Bassett
Date of birth	Feb. 27, 1919	Feb. 28, 1919

Subscribed and sworn to before me this 10th day of August, 19 71

Notary Public, residing at Salt Lake City

My commission expires January 17, 1974

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

2361 So Redwood Rd.

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 19 71

Notary Public, residing at Salt Lake City

My commission expires January 17, 1975

(Seal)

Signed .....
(Signature of Any Credible Person)

2371 So Redwood Rd
(Street Address, City, State)

FORM DH 60-155

Certif. of Birth from LDS Church gives name as LaRae Bassett Brady, born Feb. 28, 1919 at Pocatello, Idaho. Father's name as Earl R Bassett and mother's name as Edna DeCraene. Entered on record June 6, 1931. Viewed by V. S.

Life Insurance Policy from Metropolitan Life Insurance Company gives name as La Rae Brady. Dated Dec. 19, 1932. Age next birth date 14 years. Viewed by V. S.

663-201-003-691

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 238 N. Main St.

Hospital

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 67130

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2262

FULL NAME OF CHILD Mary Claire Foley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	✓	✓	yes	Mar 1 1919

FATHER	MOTHER
FULL NAME Timothy J. Foley	FULL MAIDEN NAME Mabel E. Fraser
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pocatello Idaho	BIRTHPLACE Pocatello Idaho
OCCUPATION Loco fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P B Staley

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mch 4 1919 P B Staley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 27 1963

553-202 003-599

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67140

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2263

FULL NAME OF CHILD Dorothy Eva Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Robt Nelson	Eva Minnie Edna Erickson
RESIDENCE	826 So Main	826 So. Main
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Salt Lake City. Utah.	Pocatello. Ida
OCCUPATION	Machinest	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:45a M. on the date above stated.

(Signature) .....

(Physician or midwife)

Address Pocatello. Ida

Filed Mar 6 1919 .....

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-204-003-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-2-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67140

County of Bancroft

City of Pocatello

Registration District No. 84

File No. 47

No. ..... St.

Primary Registration District No. 2161

Registered No. 2264

Hospital General

FULL NAME OF CHILD ~~Alice Lorraine~~ Alice Boyes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Mar 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George M. Boyes	FULL MAIDEN NAME	Eurene Perry
RESIDENCE	Rigby, Ida	RESIDENCE	Rigby, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Soldier in France, 91st Div.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello, Ida

Filed Mar 6, 1919 O B Steiner
Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 6-1-41
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvece Lorraine (Name on original certificate) who was born (Was born or died) on March 4 1919 (Date of event)
in Pocatello, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by insurance policy (Bible record, insurance policy, etc.) prepared on June 18 1923 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Alvece Lorraine	Alice

Subscribed and sworn to before me this 31
day of July, 19 41
Leon Ewart Swain
Notary Public, residing at Pocatello Ida.
My commission expires 1-7-1944
[SEAL]

Signed Mrs. George M. Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1045 E. Lander
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of July, 19 41
Leon Ewart Swain
Notary Public, residing at Pocatello Ida
My commission expires 1-7-1944
[SEAL]

Signed Alma G Peters
(Signature of any credible person other than the previous affiant)
340 N. Arthur Pocatello Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

291-106-003-499

PLACE OF BIRTH

County of Pinecook

City of Pocatello

No. 621 N Harrison St.

Hospital

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67142

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2265

FULL NAME OF CHILD William Brady

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Mar 6 1919

FATHER		MOTHER	
FULL NAME	William Brady	FULL MAIDEN NAME	Ina Driscoll
RESIDENCE	621 N. Harrison	RESIDENCE	621 N. Harrison
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Boilermaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. J. Smith

(Physician or midwife)

Address Pocatello

Filed Mar 6, 1919 J. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-206-003-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67143

County of Bannock

City of Pocatello Ida

No. 893 Wayne Ave. St.

Hospital

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2266

FULL NAME OF CHILD Not named

Sex of Child	~~Twin Triplet or other?~~ and ~~Number in order of birth~~ (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar. (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Perry Fredrick	FULL MAIDEN NAME	Mary Blair
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Maryland
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida

19

Filed Mar 8, 1919 O. P. Hood

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
295-186-003-295
County of Bannock.
City of Pocatello Ida.
No. 408 So. 4th St.
Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67144

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2267

FULL NAME OF CHILD ~~Not Assigned~~ James William Brennan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	and	yes.	Mar. 6 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Russell Fay Brennan
RESIDENCE Pocatello Idaho.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Chicago Illinois
OCCUPATION Foreman of Telephone Construction

MOTHER

FULL MAIDEN NAME Ruth Kinney.
RESIDENCE Pocatello Idaho.
COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pocatello Ida.
OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyon M.D.
(Physician or midwife)
Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....
Registrar

Filed Mar 9 1919
Registrar

MAY 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 469-228-003-253

[redacted] 11-C-25m-

[redacted] STATISTICS

CERTIFICATE OF BIRTH 67149

County of Bannock

City of Pocatello

Registration District No. 84 File No. 47

No. ..... St.

Primary Registration District No. 2161 Registered No. 2272

Hospital St Anthony's

FULL NAME OF CHILD Keith Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 28, 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Morris	FULL MAIDEN NAME	Kate Kelley
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Aspen, Iowa
OCCUPATION	Saleman & Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed Mar 10, 1919 O B Steele

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 4 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

613-226-003-613

County of Bannock

City of Pocatello

No. ..... St.

Hospital St Anthony's

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67150

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2273

FULL NAME OF CHILD Martha Jane Waters

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 26 19 9

FATHER		MOTHER	
FULL NAME	Ureil R. Waters	FULL MAIDEN NAME	Agnes Drew Waters
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salem, Indiana	BIRTHPLACE	Pocatello,
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6 15 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Pocatello Idaho

Filed May 13, 1919 F. B. Steed Registrar

165·103·003-643

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67151

County of Bannock

City of Pocatello

No. 356 Washington St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 47

Registered No. 2274

Full Name of Child ~~Horace~~ Hefer La Var H. Jones

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		yes	March 3 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Jones	FULL MAIDEN NAME	Ada E Fullmer
RESIDENCE	356 Washington St. (Fairview Ct)	RESIDENCE	356 Washington St (Fairview Ct)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	84 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	~~Utah~~ Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Pocatello Idaho

Filed Mar 14, 1919 O B Steel

Registrar

...NFADING INK—THIS IS A PERMANENT RECORD

...an one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-105-003-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67152

County of Bannock

City of Pocatello

No. 415 So. Grant St.

Hospital Home

Registration District No. 84

File No. 41

Primary Registration District No. 2161

Registered No. 2275

FULL NAME OF CHILD Rodney Del Guymon

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar. (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Ray Guymon	FULL MAIDEN NAME	Ida Dayley
RESIDENCE	415 So. Grant	RESIDENCE	415 So. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Hunting, Utah	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Electrition	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 905 So. Main St.

Filed Apr 2, 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1944

JUL 22 1944

637-207-003-215

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 714 N. 5th Ave. St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67153

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2276

FULL NAME OF CHILD Mary Olga

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mar. (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Banchino Banchini	FULL MAIDEN NAME	Annita Banchini
RESIDENCE	714 North 5th Ave	RESIDENCE	714 North 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Apr 2 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-109-003-246

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67154

County of Bannock

City of Pocatello

No. 132 So. Main St.

Hospital Home

Registration District No. 84

File No. 47

Primary Registration District No. 2161

Registered No. 2277

FULL NAME OF CHILD Bunkichi Eiguch

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Eiguch	FULL MAIDEN NAME	Kumono Kufato
RESIDENCE	132 So. Main	RESIDENCE	132 So. Main St.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Pro. Palm Cafe	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address 905 So. Main St.

Registrar

Filed Apr 2, 1919

O B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-210-003-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 324 W. Bubbette St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

67155

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2278

FULL NAME OF CHILD Dorothy Eileen Westin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	v	v	yes	Mar 10 1919

FATHER		MOTHER	
FULL NAME	James E. Westin	FULL MAIDEN NAME	Vera C. Brown
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cumberland, Wis	BIRTHPLACE	Oakland, Iowa
OCCUPATION	Office Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 11 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar 12 19 19 O B Steele Registrar

9-28-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 3 0 1970
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 67155

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Westin (Name on Original Certificate) who was born (Was Born or Died) on Mar 10 1919 (Date of Event)
in .....(Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by .....(Bible Record, Insurance Policy, Etc.) prepared on .....(Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Dorothy Eileen Westin

Subscribed and sworn to before me this 28th day of Sept, 19 70

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-10-74

(Seal)

Signed James E. Westin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Baptismal Record from Methodist Episcopal Church gives name as Dorothy Eileen Westin child of J. E. and Vera Westin. Dated April 20, 1919 at Pocatello, Idaho Signed by. H. S. Hamilton, Officiating Minister. Viewed by V. S.

DEC 3 1970

Marriage Certificate dated Aug. 30, 1940 gives groom's name as Kenneth R. Renner and bride's name as Dorothy E. Westin. Marriage wes at Seattle, WA. Witnessed by Walter Brookens, Mary Langs and Roger P. Oliver. Viewed by V. S.

168-111-003-769

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Gen. Hospital St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67156

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2279

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 11th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert George Johnson	Celia Gordon
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Illinois	Holden Idaho
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Green

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Filed Mar 17 19 19 O. P. Green

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-213-003-689

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 416 N Arthur St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67158

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2281

FULL NAME OF CHILD Lorraine Hurley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Mar 13 1919

FATHER		MOTHER	
FULL NAME	Jerry Hurley	FULL MAIDEN NAME	Stella Whisman
RESIDENCE	416 N. Arthur	RESIDENCE	416 N. Arthur
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Gardmaster O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Registrar

Filed Mar 31 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86-21-007-543

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 835 E. Lander St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 67159

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2282

Hospital

FULL NAME OF CHILD Nina Alfreda Thomas

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth March 14 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Thomas	FULL MAIDEN NAME	Marie Nielsen
RESIDENCE	835 E. Lander	RESIDENCE	835 E. Lander
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bonneville Utah	COLOR	White
OCCUPATION	Loco Engineer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Denmark
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) W. T. Howard MD

(Physician or midwife)

Address 407-11 Kane Bldg

Filed Apr 2 1919

Registrar

OCT 17 1968

APR 1 1972

619115-003-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67160

County of Bannock

City of Pocatello

Registration District No. 84 File No. 47

No. ..... St.

Primary Registration District No. 2161 Registered No. 2283

Hospital Pocatello general

FULL NAME OF CHILD No name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. L. Fail	FULL MAIDEN NAME	Daisy Davis
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Mar 28 1919 O B Steely
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-217-003-315

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67161

County of Bannock

City of Pocatello

Registration District No. 84 File No. 47

No. 456 S. Johnson St.

Primary Registration District No. 2161 Registered No. 2284

Hospital General

FULL NAME OF CHILD Benton Patrick Kutch

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.			Yes	Mar 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alphonso Kutch	Emma Lavatta
RESIDENCE	456 S Johnson	456 S. Johnson
COLOR	Indian	Indian
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Wyoming	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Smith (Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mch 31 1919 O. P. Steel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-117-003-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67162

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 437 N. Harrison St.

Hospital .....

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2285

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	and	—	yes	May 17 1919

FATHER

FULL NAME: John Leo Irving

RESIDENCE: Pocatello Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Montpelier Idaho

OCCUPATION: Track foreman

MOTHER

FULL MAIDEN NAME: Estella Miles

RESIDENCE: Pocatello Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Paris, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. B. Steel

..... (Physician or midwife)

Address Pocatello Idaho

Filed May 22 1919 O. B. Steel Registrar

349-117-003-299

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Ranch — St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67163

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2286

FULL NAME OF CHILD William Patric Curtis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Mar 17 1919

FATHER		MOTHER	
FULL NAME	Nathan Curtis	FULL MAIDEN NAME	Rose Priscos
RESIDENCE	Ranch n. of city 5 mile	RESIDENCE	Ranch n. of city 5 mi
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Smith (Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mar 31 1919 A. B. Steel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 29 1944

413-118 1003-495

PLACE OF BIRTH Amended 9-24-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 721 N. 7th. St. Registration District No. 84 File No. 67164

Hospital Primary Registration District No. 2161 Registered No. 2287

FULL NAME OF CHILD Milton Dewey DalPino
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar. 18, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Egisko DalPino	FULL MAIDEN NAME: Mary Minicucci
RESIDENCE: 721 North 7th St.	RESIDENCE: 721 No. 7th. St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Machinist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address 407-11 Kane Bldg.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Apr 2, 1919 192 O. R. Still

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67164
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Duilio Delpino (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:
War Department Identification card Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Duilio Delpino	[redacted]
		Milton Dewey DALPINO

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed X Edward Dalpino - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

X 1829-94th ave Oakland 3, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of August, 1956

Signed X Norma [illegible] Bergeman
(Signature of Any Credible Person) older sister

Notary Public, residing at Pocatello Ida
My commission expires Apr 22, 1959
(Seal)

R#2, N. Pocatello Ida
(Street Address, City, State)

FORM DPH 55.155

335-219-003-485

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67165

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2288

FULL NAME OF CHILD No name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David G. Cleaver	FULL MAIDEN NAME	Mary G. Myer
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo
OCCUPATION	Bank Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Mar 28, 1919 O B Deeley Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

222-003-295

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 333 W. Fremont St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67166

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2289

FULL NAME OF CHILD Phyllis Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Mar 22 1919

FATHER		MOTHER	
FULL NAME	Elgin Pierce Young	FULL MAIDEN NAME	Elda Bingham
RESIDENCE	333 W. Fremont	RESIDENCE	333 W. Fremont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Registrar

Filed Mar 31 1919 P B Steel Registrar

MAY 17 1965

619-222-003-419

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67167

County of Bannock

City of Pocatello

No. 726 East Bridger

Hospital Home

Registration District No. 84

File No. 47

Primary Registration District No. 2161

Registered No. 2290

FULL NAME OF CHILD MARIE CATHERINE ~~Mary Rosa~~ Farrace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emilio Farrace	FULL MAIDEN NAME	Emilia Margrotto
RESIDENCE	726 East Bridger	RESIDENCE	726 East Bridger
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Cumberland Wis.
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 905 So. Main St.

Filed Apr 2, 1919 O B Reeley

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO NOV 23 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 67167

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Rosa Farrace (Name on Original Certificate) who born (Was Born or Died) on March 22 1918 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Aug 30th 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Rosa	Marie ~~Rose~~ Catherine Farrace
	Mary Rosa	Marie Catherine Farrace

Subscribed and sworn to before me this 19th day of November, 19 42

C. M. Cleveland

Notary Public, residing at Los Angeles, Calif

My commission expires My Commission Expires June 29, 19..
(Seal)

Signed Cornelia Farrace - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

762 Amalia Ave Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 2~~3~~4 1942

249-223-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67168

County of Bannock

City of Pocatello

No. _____ St.

Hospital _____

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2291

FULL NAME OF CHILD Elsie Wilson Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George L. Smith	FULL MAIDEN NAME	Dorothy Wilson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Ill
OCCUPATION	Cattleman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A Alive at 3 30 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rao f M D

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

_____ 19__

Filed Mar 28 1919 O B Steely

Registrar Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. by 24/41

156-223.003-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67169

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2297

FULL NAME OF CHILD Dorothy Jefcoat

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mar 23 1919

FATHER		MOTHER	
FULL NAME	James V. Jefcoat	FULL MAIDEN NAME	Eula Collins
RESIDENCE	Pocatello, Bannock, Idaho	RESIDENCE	Pocatello, Bannock, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mississippi	BIRTHPLACE	Tennessee
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith (Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 31, 1919 O. B. Steely Registrar

595/25-003-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67170

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2293

FULL NAME OF CHILD John Thomas Ernest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 25 1919

FATHER		MOTHER	
FULL NAME	L. W. Ernest	FULL MAIDEN NAME	Imogene Holt
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wyoming	BIRTHPLACE	Nevada
OCCUPATION	Bill Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Mar 28 1919 O. B. Seely
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1949

235-227-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67171

County of Bannock

City of Pocatello

No. 443 N. Grant St.

Hospital

Registration District No. 84

File No. 47

Primary Registration District No. 2161

Registered No. 2294

FULL NAME OF CHILD Doris Stevenson

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mch 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis C. Stevenson	FULL MAIDEN NAME	Velma Johnson
RESIDENCE	443 No Grant	RESIDENCE	443 No. Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montrose Colo	BIRTHPLACE	Colo Springs Colo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address 407-11 Kane Bldg

19

Filed Apr 2 1919 O B Steele

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 4 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-228-003-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 446 North Main

Hospital Home

Registration District No. 84

File No. 67172 47

Primary Registration District No. 2161

Registered No. 2295

FULL NAME OF CHILD

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar. (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred Chresst	FULL MAIDEN NAME	Bessie May Beebe
RESIDENCE	446 N. Main St.	RESIDENCE	446 N. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Portland Oregon	BIRTHPLACE	Weston, Idaho
OCCUPATION	O.S.L. Fireman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 905 So. Main St.

Filed Apr 2, 1919

O B Steele
Registrar

364-12F.007-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 124 S. Johnson St.

Hospital Stewart

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 64 File No. 67173 47

Primary Registration District No. 2161 Registered No. 2796

FULL NAME OF CHILD Stewart Loux

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)		Yes	Mar 29 1917

FATHER

FULL NAME Carl A. Loux

RESIDENCE Anaconda, Mont

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Halsey, Oregon

OCCUPATION Mining Engineer

MOTHER

FULL MAIDEN NAME Pearl Forteath

RESIDENCE Anaconda Mont

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Bellingham, Wash

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steen M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Apr 4 1917 O. B. Steen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469229.003-919

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 429 N. 8 th St.

Registration District No. 54

File No. 67174

Primary Registration District No. 2161

Registered No. 2297

Hospital

FULL NAME OF CHILD Mabel Katherine Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Mar 29 1919

FATHER		MOTHER	
FULL NAME	Fred Morrison	FULL MAIDEN NAME	Margaret Raidy
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ft. Scott, Kans	BIRTHPLACE	Constable, N.Y.
OCCUPATION	Merchants Patrolman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Steely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apr 1 19 19

F. B. Steely
Registrar

MAR 15 1949

PLACE OF BIRTH AMENDED 8/23/50 — STATE OF IDAHO

866-1171013-142

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. ..... St. Registration District No. ..... File No. 67175

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joseph Minard Hoffman

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 15, 1919

What bacteriedal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lyman Alfred Hoffman	Nellie Evalena Justice
RESIDENCE	Fairfield, Idaho	Fairfield, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	29 (Years)
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lyman A. Hoffman

(Physician or midwife)

Address Fairfield, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed April 1919 L. Wilencheck Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6715

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name of Mother	Elizabeth	Evalena
First Name	Nell	Nellie

Subscribed and sworn to before me this 23rd day of August, 19[illegible]

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. Nellie Evalena McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

791-231

PLACE OF D[illegible]

003-41[illegible]

[illegible] OF IDAHO
BUR[illegible] OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible]

County of Ban[illegible]

City of Pocatello

Registration District No. 84

File No. 47

No. 442 E. Hayden St.

Primary Registration District No. 2161

Registered No. 2298

Hospital .....

FULL NAME OF CHILD Filomena Gianchetta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—	yes	Mar 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Gianchetta	FULL MAIDEN NAME	Caterina D'Agnilli
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Apr 1, 1919 O. B. Steely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 4 8 56 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 67176

County of BANNOCK } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Gianchetta (fem) (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1919 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Gianchetta	Filomena Gianchetta

Subscribed and sworn to before me this 30th day of Mar, 1974

John A. Gorkinson

Notary Public, residing at Pocatello, Idaho

My commission expires Feb 9, 1976

(Seal)

Signed Mary Paolino

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

616 Maryland Poc. Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.

County of BANNOCK }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Mar, 1974

John A. Gorkinson

Notary Public, residing at Pocatello, Idaho

My commission expires Feb 9, 1976

(Seal)

Signed Joseph L. Gianchetta

(Signature of Any Credible Person)

923 E. Hayden Poc. Idaho

(Street Address, City, State)

FORM DH 60-155 CL 3/25/74

Certificate of Baptism gives name as Filomena Gianchetta child of Giuseppe Gianchetta and Caterina D'Agnilli. born March 31, 1919 in Pocatello, Idaho. Was Baptized April 13, 1919. Viewed by V. S.

APR 18 1974

Ins. Policy from Metropolitan Life Ins. Co, gives name as Filomena R. Gianchetta. dated June 1, 1935. Viewed by V. S.

655-223-035-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67178

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 92

File No. 6

Primary Registration District No. 2170

Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	S		\	Yes	3 (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nathan Overman	FULL MAIDEN NAME	Florence McCallum
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 3-24 1919

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Agatha Ida — Registration District No. 92 — File No. 6

No. ____ St. — Primary Registration District No. 2770 — Registered No. 87173

Hospital ____

FULL NAME OF CHILD Grace Irene Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Girl			yes	Jan 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy Henderson	Agnes Inae Hall
RESIDENCE	Agatha Ida	Agatha Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Peck Idaho	Kendric Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X (Born alive or stillborn) at 9 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoskins

X (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Agatha Idaho

Filed 8-18 1919 E.E. Watts

Registrar

S-Y CO. 20174

K

DECEASED

595-11a-075-276

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67180

County of Nez Perces

City of Gifford Registration District No. 92 File No. 16

No. St. Primary Registration District No. 2170 Registered No. 44

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		Yes	3 10 19

FATHER		MOTHER	
FULL NAME	Dora H. Vincent	FULL MAIDEN NAME	Jennie M. Stone
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Watts

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 3-10 19 19

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8/5/72

PLACE OF BIRTH

414-205-035414

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]

CERTIFICATE OF BIRTH

67181

Registration District No. 92 File No. 6

Primary Registration District No. 2170 Registered No. 43

FULL NAME OF CHILD Eda Marie Damman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	S		—	Yes	3 (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Damman	FULL MAIDEN NAME	Marie Damman
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3-5 1919

E. E. Watts
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 67181

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edith Damman (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1919 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edith Damman	Eda Marie Damman

Subscribed and sworn to before me this 31st day of
August, A. D. 1972
Barbara A. Schwartzkopf
Notary Public, residing at Lewiston, Idaho
My commission expires 1-20-74
(Seal)

Signed Marie Damman Bertsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1017 17th St., Lewiston, Idaho 83501
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of
August A. D. 1972
Barbara A. Schwartzkopf
Notary Public, residing at Lewiston, Idaho
My commission expires 1-20-74
(Seal)

Signed Ernest L Damman
(Signature of Any Credible Person)
2017 - 15th Ave Lewiston Idaho 83501
(Street Address, City, State)

FORM DH 60 155 CL 12/10/71 nm

From Church of Good Hope Lutheran Church, Gifford, Idaho. Gives name as Ida (Eda) Marie Magdalene Dammon was born March 5, 1919. Was Baptized March 23, 1919. XXXX Stated in letter that she used German spelling of Eda. Viewed by V. S.

SEP 5 1972

Application for exchange of Idaho Mutaul Benefit Assoc. Policy and transfer of Credti gives name as Eda Marie Mehl. Born 3-5-19. Dated June 10, 1960. Viewed by V. S.

893-101-035-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 67182

Primary Registration District No. 2170 Registered No. 42

FULL NAME OF CHILD Bruford Roy Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	Yes	3 / 1 / 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Hill	FULL MAIDEN NAME	Eva Galloway
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
COLOR	W	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3—1—1919

E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1963
DEC 15 1971

667.20 : 017-493

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

67184

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 7 19[illegible]

FATHER	MOTHER
FULL NAME Charles L Fox	FULL MAIDEN NAME Mabel E Mishler
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE W Va	BIRTHPLACE Illinois
OCCUPATION Locomotive Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/7 19[illegible] C E Jones M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699.127.017-555

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

67185

Registration District No. 125

File No. .....

Primary Registration District No. 2202

Registered No. .....

FULL NAME OF CHILD ..... Willmer John Friesen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 27 1919

	FATHER	MOTHER
FULL NAME	John H Friesen	FULL MAIDEN NAME Katie Enz
RESIDENCE	Dubois	RESIDENCE Dubois
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed 3-27-1919

O E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 67185

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Friesen (Name on Original Certificate) who Was born (Was Born or Died) on March 27, 1919 (Date of Event) in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy Family Bible record (Bible Record, Insurance Policy, Etc.) prepared on February 26, 1940 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Willmer John Friesen

Subscribed and sworn to before me this 16 day of April, 19 56

M. D. Lunceford
Notary Public, residing at Aberdeen, Idaho
My commission expires 12-31-57
(Seal)

Signed John Henry Friesen Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho Bk 405
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April, 19 56.

M. D. Lunceford
Notary Public, residing at Aberdeen, Idaho
My commission expires 12-31-57
(Seal)

Signed Katie Ens[illegible] Friesen Mother
(Signature of Any Credible Person)

Aberdeen, Idaho
(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493 125 217-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67186

County of Clark

City of Dubois

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Home

FULL NAME OF CHILD ..... GEORGE Hal Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 25 1917

FATHER	MOTHER
FULL NAME: Ross Cook Miles	FULL MAIDEN NAME: Ola Lee White
RESIDENCE: Dubois	RESIDENCE: Dubois
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Colo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hayward Young

Physician

(Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Feb 19 19

..... Registrar

1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314.123.030-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67187

County of Lewis

City of Reubens

Registration District No. 30

File No.

No. ..... St.

Primary Registration District No. 2179

Registered No. 3

Hospital

FULL NAME OF CHILD Nihla Belle La Dow

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.				Yes	3-23-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leonard H La Dow	FULL MAIDEN NAME	Alda Walker
RESIDENCE	Gifford, R.F.D.	RESIDENCE	Gifford R F D
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Moscow Ida.	BIRTHPLACE	Gainesville Tex
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ilo Idaho

Filed 3/25 1919 R. E. Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-125:031-245

PLACE OF BIRTH

County of Lewis

City of Ilo RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67188

Registration District No. 30

File No. .....

Primary Registration District No. 2177

Registered No. 4

FULL NAME OF CHILD Benton Wilson Buttrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Mch 25 1919

FATHER		MOTHER	
FULL NAME	John Buttrey	FULL MAIDEN NAME	Mary Ida Bunce
RESIDENCE	Ilo RFD	RESIDENCE	Ilo RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Davis Co. Iowa	BIRTHPLACE	Michigan
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3/25 1919 R. E. Dunlop

Registrar

MAR 17 1961

Family Bible record, photo copy of-has been notarized, gives one child's full name as Benton Wilson Buttrey, born March 25, 1919 at Kendrick, Ida. appears old and unaltered - viewed by V.S. Lewiston High School Diploma, Lewiston, Idaho May 27, 1936 gives full name as Benton Wilson Buttrey - viewed by V.S. Social Security Card, issued May 24, 1938 gives full name as Benton Wilson Buttrey - viewed by V.S. University of Idaho, Moscow, Idaho, Degree of Master of Science, May 13, 1949 gives full name as Benton Wilson Buttrey - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis }

Certificate No. S 67188

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Buttrey (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1919 (Date of Event) in Ilo, Idaho - R.F.D. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record & personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on March 25, 1919 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Benton Wilson Buttrey

Subscribed and sworn to before me this 24th day of March, 1961.

Notary Public, residing at Craigmont
My commission expires Oct 12, 1964
(Seal)

Signed Evelyn Mae Buttrey Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2-15-61. two copies pd. receipt #12437.

APR 3 1961

296-205-031-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67189

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 30

File No. .....

Primary Registration District No. 2179

Registered No. 2

FULL NAME OF CHILD Carmelita Josephine Brooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Feb 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harland Page Brooks	FULL MAIDEN NAME	Amanda Isabella Gregory
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Benton Co. Ark.	BIRTHPLACE	Colorado Springs Colo
OCCUPATION	barber	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7/19 1919 R. E. Dunlap Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1948

238-119-025-238

PLACE OF BIRTH

STATE OF IDAH[redacted]. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIRTH

67190

County of Idaho

City of Cottonwood Registration District No. 105 File No. 15

No. ____ St. Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Christopher Anton Schumacher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	July 19 1919

FATHER	MOTHER
FULL NAME Anton Schumacher	FULL MAIDEN NAME Frances Schmidt
RESIDENCE Cottonwood Ida	RESIDENCE Same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Filed Mch 1 1919 H B Blake

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V

10

ATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

483-109-025-237

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67191

County of Idaho

City of Kenteroille

Registration District No. 105 File No. 16

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ildephonse Joseph Uhlenkott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 9 1919

FATHER		MOTHER	
FULL NAME	August Uhlenkott	FULL MAIDEN NAME	Anna R Schreiber
RESIDENCE	Kenteroille Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mch 10 1919 H B Blake

..... Registrar

S-Y-CO 38071

Registrar

755.108.025-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67192

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 17

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Allen Lucille Gentry

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth March 8 1919 (Month) (Day) (Year)

FATHER

FULL NAME Thomas Gentry

RESIDENCE Cottonwood Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE N C

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Amelie Klapprich

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE N D

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Mch 10 1919 H B Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

319-209-025-122

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-~~9-18~~

CERTIFICATE OF BIRTH

67193

County of Idaho

City of Cottonwood Registration District No. 105 File No. 18

No. ____ St. Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Rhea Patricia Carnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Carnes	Clara Louise Asker
RESIDENCE	Cottonwood Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 45 P M. on the date above stated.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Filed March 10 1919 H B Blake Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1971

419-209-025-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

67194

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

Registration District No. 105 File No. 20

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Eva Ruby Dailey

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth March 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Harrison Dailey	FULL MAIDEN NAME	Rose Mae Decker
RESIDENCE	Westlake Ida	RESIDENCE	Westlake Idaho
COLOR	American	COLOR	American
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Klickatat Wash
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 9-1919 at 5.5 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Fannie Jobe, Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Flo Lewis Co. or Westlake Ida

Filed March 12 1919

H B Blake
Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 13 1942

295-226 625-264

PLACE OF BIRTH

STATE OF IDAHO — V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67195

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 21

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Catherine Rosella Bieren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	March 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernard Bieren	Betty Elizabeth South
RESIDENCE	Cottonwood Ida.	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Idaho	Oregon
OCCUPATION	farming	housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Hooker M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed March 29 1919

H Hooker
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1975

617-103-

PLACE OF B[redacted]

S. No. 11[redacted]—25m-1-1-13

025-239 [redacted] 7196

County of [redacted]

City of Ferdinand

Registration District No. 105 File No. 22

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD VURL WAGNER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Mar 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Wagner	FULL MAIDEN NAME	Hazel Strong
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	N. Dak.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A M, on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Ostlonwood Ida

Filed Mch 28 1919 H B Blake

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-213-025-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67197

County of Idaho

City of Cottonwood

No. — St.

Hospital

Registration District No. 105 File No. 23

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Unnamed

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benard Albers	FULL MAIDEN NAME	Mary Lies
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Ida.

Filed Mch 28 1919 H B Blake
Registrar

Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-106-008-995

PLACE OF BIRTH

[redacted] No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Garden Valley Registration District No. 6 File No. 67198

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Warner O.,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Campbell Mills Jr.	Nellie Greton
RESIDENCE	Garden Valley	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	XX	28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1900 M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed Mar 19 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S.

OCT 28 1966

255-211-023-613

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67200

County of Gem

City of Emmett or County

Registration District No. 4 File No.

No. ..... St.

Primary Registration District No. Registered No.

Hospital .....

FULL NAME OF CHILD BONNIE BENTZ

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 11 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert H Bentz	Gertrude Walling
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Wisc	Texas
OCCUPATION	Mill dubos	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2-15 A. M. on the date above stated.

(Signature) J. A. Reynolds

(Physician or midwife)

Address Emmett Idaho

Filed 3-11 1914 J. A. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1952

292.2031023 942

PLACE OF BIRTH

County of Ada

City of Emmett RFD #2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

67201

Registration District No. 6

File No.

No. ____ St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD MARJORIE LOUISE SISLER

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	2 (Month) – 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Howard Sisler	FULL MAIDEN NAME	Margaret Russel
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Neb.	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 2–3 1919 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 67201

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marjorie Louise Sisler (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Marjorie Louise Sisler

Subscribed and sworn to before me this 4th
day of December, 1942

M. L. Guenthner
Notary Public, residing at ~~x~~ Probate Judge
My commission expires Emmett, Idaho.
(Seal)

Signed F. H. Sisler.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2-Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gem } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of December, 1942

M. L. Guenthner
Notary Public, residing at Probate Judge
My commission expires Emmett, Idaho
(Seal)

Signed Alma L. Dolphin
(Signature of Any Credible Person Other Than Previous Year)

Emmett, Idaho
(Street Address, City, State)

DEC 8 1942

789-218-023-396

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 6

File No. 67202

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elda Louise Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	1 (Month) — 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alonza Harrison Phillips	FULL MAIDEN NAME	Belva Crank
RESIDENCE	Sweet Ida	RESIDENCE	Sweet Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska Ark	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

Emmett (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1 24 1919 J L Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1972

APH S 142

215-209-023-619

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67203

County of Ada

City of Emmett (County)

No. _____ St.

Registration District No. 6

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Arlene Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	yes	2 - 9 - 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Walter Sanders	Rose Mary Farmer
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Hm

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:20 a. M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed Feb 11 19 19 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR... RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.21 8.027-643

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67204

County of Gem

City of Emmett

No. _____ St.

Registration District No. 6

File No. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	2-18-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George E Burdye	Louella Fulles
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	41
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Carpenter	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at _____ M. on the date above stated.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Address _____

Filed 2-24-19 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-11-1027-314

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67205

County of Gem

City of Emmett (County)

No. ..... St.

Registration District No. 6 File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD James Robert Stippich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Mar 11 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	James Clarance Stippich	FULL MAIDEN NAME	Della Pearl Sanders
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Soldier	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett Idaho

Filed 3-17-1917 J L Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-14-41

319-211-023-753

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67206

County of Gem

City of Emmett County

No. ..... *St.*

Hospital .....

Registration District No. 6

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Alta Arlene Lark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 11 1919

FATHER		MOTHER	
FULL NAME	Frank Theodore Lark	FULL MAIDEN NAME	Luella Peterson
RESIDENCE	Belleview Ida	RESIDENCE	Belleview Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Woodland Utah	BIRTHPLACE	Hiram Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-4- 1919 J L Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own Child's Birth Cert. on file: (Idaho Birth) #51-15264 gives full maiden name of mother as Alta Arlene Lark - viewed by V.S. L.D.S. Church Certificate of Baptism and Confirmation, Dec. 22, 1935 gives full name as Alta Arlene Lark, daughter of Frank T. Lark and Luella C. Peterson, born Mar. 11, 1919 at Emmett, Idaho - viewed by V.S. Mother's name left as it is because sufficient documents were not submitted-3-13-64.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville

Certificate No. 67206
Date Filed -

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lark (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affiant who is the natural father of said child (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alta Arlene Lark
Mother's Maiden Name	Luella Peterson	Luella Petersen

Subscribed and sworn to before me this 21st day of February, 1964

Notary Public, residing at Idaho Falls, Ida
My commission expires May 10, 1964
(Seal)

Signed Frank T Lark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

441 E. 18th Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-24-63. one copy pd. rec. #08973.

MAR 16 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~Form V. C.~~ No. 11—25m-9-8-15

PLACE OF BIRTH

355-211023-292

County of Gem

City of Emmett

No. ..... St. County

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67207

Registration District No. 6 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Helen Louise Tennyson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 11 1919

FATHER		MOTHER	
FULL NAME	Elliot Tennyson	FULL MAIDEN NAME	Marie Bischoff
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	St Louis Mo.	BIRTHPLACE	Germany
OCCUPATION	Stockgrower	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

..... 19.....

Filed 8-8- 1919 J L Reynolds

Registrar

Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 67207

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tennyson (Name on Original Certificate) who born (Was Born or Died) on March 11, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Louise Tennyson

Subscribed and sworn to before me this 10th
day of August, 19 42
Marie E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Marie Tennyson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 12 1942

397-105-223-764

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67208

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 6

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	3 / 5 / 1919

FATHER		MOTHER	
FULL NAME	Albert H. Foggett	FULL MAIDEN NAME	Mattie Godsey
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Vancouver Wash	BIRTHPLACE	San Saba Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 10 9 M. on the date above stated.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 4-3-1919 J L Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-104-023-693

PLACE OF BIRTH
Amended 2-13-81

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67209

County of Gem

City of Emmett (County St.)

Registration District No. 6

File No.

No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Everett James Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Smith	Pearl Wills
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Cottonwood Utah	Marsland Nebr
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 25 P.M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Emmett

Filed 4-8 1919

J. H. Reynolds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 67209
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on 3-4-19 (Date of Event)

in Emmett (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Everett James Smith

Subscribed and sworn to before me this 9th day of February 19 81.

Notary Public, Kathleen M. Brazil

Residing at 1640 N. 3rd St., Stayton, OR 97383

My commission expires May 21, 1982

(Seal)

Everett James Smith
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

FEB 13 1981

Military record, National Guard entrance 1940, gives name as Everett James Smith. born March 4, 1919, in,Emmett, Idaho.
Viewed by V.S.

Report of Discharge from Air Force in 1960, gives name as Everett James Smith born at Emmette, Idaho on March 4, 1919.
Viewed by V.S.

769-102-223-491

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67210

County of Ada

City of Emmett / County

Registration District No. 6 File No.

No. ..... St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Luis Gorrono

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 2 1919

FATHER		MOTHER	
FULL NAME	Bruno Gorrono	FULL MAIDEN NAME	Luisa Diaz
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2a M. on the date above stated.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed K-3-1919 J L Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 23 1969
APR 24 1975

11/22/40 L.E.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-127-023-381

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67211

County of Ada

City of Emmett County

Registration District No. 4 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Jack Lewis Blanc

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	2 27 1919

FATHER		MOTHER	
FULL NAME	Joseph Murray Blanc	FULL MAIDEN NAME	Edith Lucy Chapin
RESIDENCE	Melba Ida	RESIDENCE	Melba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Montpelier Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 12 p M. on the date above stated.

(Signature) R M Cummings

(Physician or midwife)

Address Emmett

Filed Mar 3 1919 J W Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

238-221-27-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67212

County of Ada

City of Emmett / County / No. ____ St.

Registration District No. 4

File No. ____

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Rosalie Hull Schreengost

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2 21 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George C Schreengost	Goldie Hull
RESIDENCE	Emmett Ida	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Caldwell Ida	Mulhall Oklahoma
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 a M. on the date above stated.

(Signature) R. M. Cummings

(Physician or midwife)

Address Emmett

Filed Feb 3 1914 J. T. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-122023-652

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67213

County of Gem

City of Emmett County

No. ..... St.

Registration District No. 4

File No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wayne Weston Edwards

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 2 (Month) 22 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Cayle Emmett Edwards	FULL MAIDEN NAME Minnie Kate Weston
RESIDENCE Emmett Idaho	RESIDENCE Emmett Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Audubon Co Iowa	BIRTHPLACE Audubon Co Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 4-3- 1919 J L Reynolds

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1943

415-120-023-845

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67214

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 4

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2 20 1919

FATHER		MOTHER	
FULL NAME	Irwin P Davis	FULL MAIDEN NAME	Myra Hunter
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	North Carolina	BIRTHPLACE	Oakley Ida
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 55 A.M. on the date above stated.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed X-3- 1919 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369.215.023-1411

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67215

County of Gem

City of Emmett County

Registration District No. 6

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Faith Cornetty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 15 1919

FATHER	MOTHER
FULL NAME Ed Cornetty	FULL MAIDEN NAME Susie Adair
RESIDENCE Emmett Idaho	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Bagnell Mo	BIRTHPLACE Ft. Gibson Okla
OCCUPATION Woodsman	OCCUPATION Housewife

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 55 P M. on the date above stated.

(Signature) P. R. Cummings

(Physician or midwife)

Address Emmett

Filed 4-3 1919 J. C. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

569-205-023-613

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67216

County of Gem

City of Emmett County Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	2 5 1919

FATHER		MOTHER	
FULL NAME	Frank Edwin Norwood	FULL MAIDEN NAME	Vivian Walker
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Madera Calif	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett.

Filed 3-3 1919 J. K. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958-204-023-866

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

County Registration District No. 6

Primary Registration District No. _____

File No. 67217

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Morris Guy Reynolds	FULL MAIDEN NAME	Gladys Howard
RESIDENCE	Smith's Prairie	RESIDENCE	Smith's Prairie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Fort Benton Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 a M. on the date above stated.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 4-3- 1919

J. L. Reynolds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-202-023-864

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67218

County of Gem

City of Emmett County

No. ..... St.

Registration District No. 6

File No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Nola Montgomery

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Seward E Montgomery	FULL MAIDEN NAME	Zora Houser
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Platte Co Mo	BIRTHPLACE	Burt Co Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 4-3 1919 J L Reynolds Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753.112.022-294

PLACE OF BIRTH

County of Ada

City of Sweet County

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

67219

Registration District No. 6 File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD THEODORE ALLEN PETERSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorenzo Peterson	May A. Kidman
RESIDENCE	Sweet Idaho	Sweet Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	39
BIRTHPLACE	Logan Utah	Petersborough Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

(Signature) R. M. Cummins

(Physician or midwife)

Address Emmett

Filed 4-4-1919 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67219

Registration District No. 12 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Fremont
City of
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theadore Allen Peterson

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature X Full term

7. Legitimate? Yes

8. Date of birth March 12th 1914 (Month, Day, Year)

FATHER

9. Full name Lorenzo Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Fremont Idaho

11. Color or race | 12. Age at last birthday (years)

13. Birthplace (city or place) (State or Country) Logan Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work ..., 1942

17. Total time (years) spent in this work 55 years

MOTHER

18. Full maiden name May Antoinette Kidman

19. Residence (usual place of abode) (If non-resident, give place and State) Fremont Idaho

20. Color or race White | 21. Age at last birthday 64 (years)

22. Birthplace (city or place) (State or Country) Peterboro, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm

25. Date (month and year) last engaged in this work ..., 1942

26. Total time (years) spent in this work 45 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 5:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) Robert M. Comings, M. D.

or ..., Midwife

Address Emmett, Idaho

Filed AUG 28 1942, 19..

Registrar.

Registrar.

[redacted] OF BIRTH

Form V. S. No. 11—25m-6-15-18

[redacted]ICS

67220

County of Boise
855-214-008-266
City of Horseshoe Bend

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Mary H. Hendren Valentine

SEX OF CHILD: Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Feb 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt. L. Hendren	FULL MAIDEN NAME	Josephine Bowers
RESIDENCE	Horseshoe Bend Ida	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address Emmett Idaho

_____ Registrar Filed 4-3- 1919 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED 7/10/50

815-223-023-313

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 67221

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Bessie Ardell Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2/23/19

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Christian William Hansen	FULL MAIDEN NAME	Margaret Caldwell
RESIDENCE	Emmett, Idaho	RESIDENCE	Emmett, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	San Pete Co., Utah	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:20 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) R. N. Cummings

..... (Physician or midwife)

Address Emmett, Idaho

Filed 4/3/19 192.. J. L. Reynolds Registrar.

RECEIVED
JUL 10 1950
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Kittitas } ss.

Certificate No. 67221

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Glenna Ardell Hansen (Name on Original Certificate) who Born (Was Born or Died) on Feb. 23 - 1919. (Date of Event)
in Emmett Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by her mother whose affidavit this is. (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date); are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Glenna Ardell Hansen	Bessie Ardell Hansen

Subscribed and sworn to before me this 13 day of July, 1950

Notary Public, residing at Ellensburg
My commission expires May 23, 1954
(Seal)

Signed Rebecca M. Hansen Valentine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

2 cys DS.

999-110-023-435

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67222

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Henry Irish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry W Irish	FULL MAIDEN NAME	Mary E McNair
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Alma Wyoming
OCCUPATION	Cigar merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 4-3-1919 J L Reynolds Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/3/41 L. B.

259-21-023-219

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67223

County of Gem

City of Emmett City Registration District No. 4 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marylee Berry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert LeRoy Berry	FULL MAIDEN NAME	Hellen Bartsch
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farm Bureau Agt	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 3-14 1919 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

V) O. 30071

MAR 8 1971

JAN 16 1943

251-107-023-766

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67224

County of Gem

City of Emmett — Registration District No. 6 — File No.

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Infant not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	2/3 1919

FATHER	MOTHER
FULL NAME: Chas Edwin Beal	FULL MAIDEN NAME: Lydia May Gooden
RESIDENCE: Ola	RESIDENCE: Ola
COLOR: white — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Belleville Illinois	BIRTHPLACE: Nelsonville Mo
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5 — Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 a. M. on the date above stated.

(Signature) L. N. Cummings

(Physician or midwife)

Address Emmett

Filed 4-9 19 19

J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-105-
029-215

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67225

County of Latah

City of Genesee

Registration District No. 62

File No.

No. ..... St.

Primary Registration District No. 2142

Registered No. 7

Hospital

FULL NAME OF CHILD Glen Wayne Mayer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	3 (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert E. Mayer	FULL MAIDEN NAME	Ida Sandin
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Sweden
OCCUPATION	U.S. Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 3-5-1919 W. N. Ehem

Registrar

Registrar

256-101-029-497

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67226

County of Ada

City of Guinea

Registration District No. 62

File No.

No. St.

Primary Registration District No. 3142

Registered No. #6

Hospital

FULL NAME OF CHILD Alyda Knowles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E Knowles	FULL MAIDEN NAME	Ella Mcgarvey
RESIDENCE	Guinea	RESIDENCE	Guinea
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Tuomy

Guinea Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 3-10 1919 W H Ehlen

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

67227

City of Elk River Registration District No. 91 File No.

No. at home St. Primary Registration District No. 2168 Registered No.

Hospital

FULL NAME OF CHILD Newell Ernest LaVoy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	3 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dewey Eloi LaVoy	Margaret Verle
RESIDENCE	Elk River, Idaho	Elk River, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Duluth, Minn	Norway
OCCUPATION	Lumberman	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R Walton MD

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 4 1919 A. MacRae
Registrar

S-Y CO., 16670

[redacted]

192-226-029-263

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 68

File No. 67234

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Hester Aiken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 26 1919

FATHER		MOTHER	
FULL NAME	Oscar Edmund Aiken	FULL MAIDEN NAME	Anna Bolon
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tennessee	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Filed Feb 1919 R. A. Pepper Registrar

Julietta Idaho

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

255-184-029-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67235

County of Latah

City of Kendrick

Registration District No. 68

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Howard Lee Senter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave F. Senter	FULL MAIDEN NAME	Rebecca Fowler
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Illinois
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

(Signature) W. A. Rothwell M. D.

(Physician or midwife)

Address Kendrick Idaho.

Filed Feb 19 19 R. F. Pepple Registrar

Juliette Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1945

557-119-024-263

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 68

File No. 67236

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Joe O. Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph O Evans	Paulina Kulke
RESIDENCE	Juliaetta	Juliaetta
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	31
BIRTHPLACE	Washington	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 20 a. M. on the date above stated.

(Signature) W. a. Kortkamp M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed Feb 19 19

R. F. Pepper
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-124-029-955

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67237

County of Latah

City of Kendrick

Registration District No. 68

File No.

No. ____ St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Fred Hoyt Reid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 14 1919

	FATHER	MOTHER
FULL NAME	John F. Reid	FULL MAIDEN NAME Addie Reed
RESIDENCE	Kendrick Idaho	RESIDENCE Kendrick Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years) 38
BIRTHPLACE	North Carolina	BIRTHPLACE North Carolina
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

(Signature) W. A. Rathvon M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed Feb 19 19

R. P. Pepper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred McCoy Reid

5. Date of Birth of Child (Month, day, year) Feb. 24, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy yes

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Finley Reid
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Alexander County, N.Carolina (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Gray Reid
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Caldwell County North Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Addie Gray Reid (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 26 years, and that Dr. Rothwell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Gray Reid Signature
4125 So. J St., Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1945.
(SEAL) R F Preston, Notary Public, residing at Tacoma, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-124-029-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67238

County of Latah

City of Kendrick

Registration District No. 68

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Howard Ivan Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ullie Z. Ellis	FULL MAIDEN NAME	Ruth Chamberlain
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician or midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb 19 19 R. F. Pepple Julietta Registrar

S-Y-CO 38071

132-105-029-291

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 67239

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Robert Albright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 5 1919

FATHER		MOTHER	
FULL NAME	R. W. Albright	FULL MAIDEN NAME	Lora Jean Brackett
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Filed March 19 19 R. A. Pepper
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-107-029-266

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 68 File No. 67240

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD George Leonard Guy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 7 1919

FATHER		MOTHER	
FULL NAME	Charles M Guy	FULL MAIDEN NAME	Jessie Soots
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouri
OCCUPATION	Laborer on R.R. section	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed Mch 19 19 R F Pepple

Registrar

Registrar

Julia Ellen Idaho

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-22X-029-713

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ..... *St.*

Hospital .....

Registration District No. 68 **File No.** 67241

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Effie Lucille Hardman

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes.	**Date of Birth** Mch (Month) 24 (Day) 1919 (Year)

	FATHER		**MOTHER**
FULL NAME	Roy L Hardman	**FULL MAIDEN NAME**	Mary Gallaher
RESIDENCE	Juliaetta	**RESIDENCE**	Juliaetta
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	35	**AGE AT LAST BIRTHDAY** (Years)	27
BIRTHPLACE	Oregon	**BIRTHPLACE**	Washington
OCCUPATION	Laborer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 **Number of children of this mother now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 9 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Hardman

Juliaetta Idaho

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

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Registrar

Address .....

Filed 3-29 1919 R. F. Pepple

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 0 1975

264-110-025-415

PLACE OF BIRTH

STATE OF IDAH[redacted]

BUREAU OF VITAL STA[redacted]

S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67242

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105

File No. 19

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 10 1919

FATHER	MOTHER
FULL NAME: Floyd South	FULL MAIDEN NAME: Elma Manwaring
RESIDENCE: Cottonwood Ida.	RESIDENCE: Same
COLOR: White	AGE AT LAST BIRTHDAY: 20 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Idaho.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed Mch 10 1919 H B Blake

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.

C

STATICS

238-221-025-219

Form V[illegible] No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 07243

County of Idaho

City of Fenn

Registration District No. 105 File No. 24

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Marie Schmidt

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Schmidt	FULL MAIDEN NAME	Theresa Baume
RESIDENCE	Fenn	RESIDENCE	Fenn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Mch 28 1919 H B Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

281-121-033-299

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

67247

Registration District No. ~~2178~~ 100 File No. .....

Primary Registration District No. ~~100~~ 2178 Registered No. .....

FULL NAME OF CHILD William Martell Sharp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H. Sharp	FULL MAIDEN NAME	Clara Elizabeth Briggs
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Idaho Falls - Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 3/19 1919 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11-25-60

PLACE OF BIRTH

157-213-2073-595

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 67248

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Stella Jepsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 13, [illegible] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Andrew Jepsen, Jr.	FULL MAIDEN NAME	Eliza Nielsen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Address Rexburg, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 4-6-1919 [illegible] J.R. Young

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

Rec. Nov. 18, 1960

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. 67248

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Jepson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1919 (Date of Event) in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Stella Jepsen
Full Name of Father	Andrew Jepson	Andrew Jepsen, Jr.
Mother's Maiden Name	Nelson	Eliza Nielsen

Subscribed and sworn to before me this 16 day of November, 19 60

Notary Public, residing at Grace, Idaho.

My commission expires February 28, 1961

(Seal)

Signed Hettie Nielsen Farnsworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho.
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of November, 1960

Notary Public, residing at Grace, Ida.

My commission expires June 3, 1961

(Seal)

Signed Albert C. Blaine
(Signature of Any Credible Person)

Grace, Idaho
(Street Address, City, State)

FORM DH 60. 155 CL 10-26-60. nm

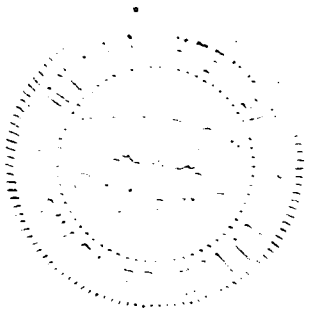
L.D.S. Church Certificate of Blessing, March 2, 1919 gives full name of child as Stella Jepsen, born Jan. 13, 1919 at Salem, Idaho to Andrew Jepsen, Jr. and Eliza Nielsen. - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, May 1, 1928 gives full name of child as Stella Jepsen, born Jan. 13, 1919 at Salem, Idaho to Andrew Jepsen, Jr. and Eliza Nielsen. - viewed by V.S.

First Baptism Certificate, May 1, 1928 baptized in the Logan Temple gives full name as Stella Jepsen - viewed by V.S.

Own Child's Birth Cert. on file:#425259 gives full maiden name of mother as Stella Jepsen - viewed by V.S.

Mother's Death Cert. on file: #130525 gives full name as Eliza Nielsen Jepsen, born Nov. 29, 1880 at Mink Creek, Idaho to Hans L. Nielsen, died Sept. 15, 1942 at Mink Creek, Idaho - husband's name is given as Andrew Jepsen - viewed by V.S. mother's name is given as Anna Christina Nielsen -



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67249

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	4	yes	Jan (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George H Dille	FULL MAIDEN NAME	Rose Klingler
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 4/6 1919 J Mayer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67250

PLACE OF BIRTH
253-109-033-813

County of Madison

City of Burton

No. ..... St.

Hospital Res.

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	3	yes	Jan 9 1919

FATHER		MOTHER	
FULL NAME	George Ellis Bellnap	FULL MAIDEN NAME	Mabel Hall
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

M. A. Watts
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 4/6 1919

J. R. Garry
Registrar

..... Registrar

154-105-073-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67251

County of Madison

City of Burton

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			1	yes	Jan (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Sanderson	FULL MAIDEN NAME	Emily Buzzee
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:56 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mary A Watts
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 4/6 1919

J N Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-205-033-796

PLACE OF BIRTH Amended 2/26/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

67252

County of Madison

City of .....

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD Madonna Weekes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John S. Weekes	FULL MAIDEN NAME	Ida Isabell Grover
RESIDENCE	Sunny Dell, Idaho	RESIDENCE	Sunny Dell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Smithfield, Utah	BIRTHPLACE	Grouse Creek Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grover Idaho

Registrar

Filed 4/6 1919

[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/22/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 26 11 52 AM '82

State of IDAHO
County of BONNEVILLE } ss.

Certificate No. 67252
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Madonna Weeks (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 5, 1919 (Date of Event)
in Archer, ID Madison (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Last name of child	Weeks	Weekes
Last name of father	Weeks	Weekes

Subscribed and sworn to before me this 24th day of
February, 1982.
Notary Public, [signature]
Residing at BLACKFOOT IDAHO
My commission expires 9-1-83
(Seal)

x Madonna Weekes Pigsley
Signature of Applicant
Rt. 8 Box 372 Idaho Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

FEB 26 1982

Certificate of Blessing gives name as Madona Weekes daughter of John S. Weekes and Ida Isabelle Grover born Feb. 5, 1919 at Archer, ID. Blessed 6 Apr. 1919
Viewed by V.S.

Insurance Policy by Beneficial Life Insurance Company of Utah gives name as Madonna Weekes born to Ida Isabel Weekes and John Samuel Weekes. Dated August 1, 1938
Viewed by V.S.

296-219-033-349

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

67253

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD INEZ BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 19th 191 9

FATHER	MOTHER
FULL NAME: Henry Alonzo Brown	FULL MAIDEN NAME: Lora Smith
RESIDENCE: Plano Idaho	RESIDENCE: Plano Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Oxford Idaho	BIRTHPLACE: Plano Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb 19, 19191 7-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 3/14 19 19 .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Madison }

Certificate No. 67253

FEB 9 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Inez Brown (Name on Original Certificate) who was born (Was Born or Died) on February 19, 1919 (Date of Event)
in Rexburg, Idaho, #3 (Place of Event) ~~are incorrect~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on February 3, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Inez Brown

Subscribed and sworn to before me this 3d
day of February, 1942.
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Farley Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Attendant.
Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Madison }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3d
day of February, 1942.
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Henry Alonzo Brown
(Signature of Any Credible Person Other Than Previous Year)
Rexburg, Idaho. #3
(Street Address, City, State)

FEB 19 1942

JAN 2 8 1994

392-108-033-767

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67254

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 9178

File No. .....

Registered No. .....

FULL NAME OF CHILD Howard Daniel Lish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 8th 1919

FATHER		MOTHER	
FULL NAME	Seymour D. Lish	FULL MAIDEN NAME	Maria S. Pope
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Woodruff Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb 8th 1919, at 11-40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)*

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 3/9 19 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 - 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

AUG 14 1943

Certificate No. 67254

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Howard Daniel Lish

Subscribed and sworn to before me this 12th day of August 1943

Notary Public, residing at Salt Lake City Utah

My commission expires April 14, 1947
(Seal)

Signed Marie Pope Lish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

447 Center St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

331-204-033-295

PLACE OF BIRTH

Form V. S. No. 11-C—Mim. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67255

County of Madison

City of Burton

Registration District No. 16

File No.

No. St.

Primary Registration District No. 2175

Registered No.

Hospital

FULL NAME OF CHILD Fern Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 4th 19

FATHER	MOTHER
FULL NAME: Fremont Clark	FULL MAIDEN NAME: Edith B. Stepert
RESIDENCE: Burton Idaho	RESIDENCE: Burton Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Burton Idaho
OCCUPATION: Soldier	OCCUPATION: Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On April 4th 1919, at 3-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M D
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 19.17

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 16 10 32 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67255

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Clark (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1919 (Date of Event)
in Burton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Fern Clark
mother's name	Edith B. Siepert	Edith Violet Seipert

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
March, 1976.

Vernon C. Mortensen
Notary Public, residing at Salem, Idaho
My commission expires 6-21-1977
(Seal)

Signed Florence K. Siepert
(Signature of Any Credible Person)

R.1 Box 22 Rexburg Idaho.
(Street Address, City, State)

FORM DH 60-155

1 copy paid rec. 6956 3/1/76 "V"

Certificate of Blessing from the LDS Church gives name as Fern Clark daughter of Fremont, Clark and Edith Siepert. born April 4, 1919 at Benton, Idaho. Blessed Aug 3, 1919. viewed by V. S.

MAR 2 6 1976

Certificateof Baptism and Confirmation from the LDS Church gives name as Fern Clark daughter of Fremont and Edith Siepert. born April 4, 1919 at Burton, Idaho. Baptized July 2, 1927. viewed by V. S.

384-227-033-433

PLACE OF BIRTH Amended 9/26/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67256

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD Helen Church

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 27th 1919

FATHER		MOTHER	
FULL NAME	Ace W. Church	FULL MAIDEN NAME	Ellen McCullouch
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Logan Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar. 27th1919 (Born alive or stillborn) at 11-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed 4/6 1919

H. Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Santa Clara }

Certificate No. 67256

58 AM '78

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chruch (female) (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1919 (Date of Event)
in Burton, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Church

Subscribed and sworn to before me this 26th day of May, 19 78 at Okan

Signed X Verna Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carol Ruby Mills
Notary Public, residing at 1641 Saratoga, Santa Clara, Ca

My commission expires 6-14-80
(Seal)

Rt 1 Kenberg Idaho
(Street Address, City, State)

OFFICIAL SEAL
CAROL RUBY MILLS
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires June 14, 1980

SUPPORTING AFFIDAVIT OF A SECOND PERSON [This Affidavit MUST Also be Executed. See Chapter 139, 1937 Idaho Session Laws.)]

State of Calif.
County of Santa Clara

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of May, 19 78

Signed X Verna Arnold
(Signature of Any Credible Person)

Carol Ruby Mills
Notary Public, residing at 1641 Saratoga San Jose

My commission expires 6-14-80
(Seal)

Rt 1 Kenberg Idaho
(Street Address, City, State)

OFFICIAL SEAL
CAROL RUBY MILLS
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires June 14, 1980

FORM DH 60-155

CL 4/10/78

Statementby Aunts concerning family record gives name as Helen Church born March 27, 1919. viewed by V. S.

Marriage recor from Nevada, gives nameas Helen Church ~~xxx~~ the bride and the groom's name as J. C. Morrison. dated June 2, 1938. viewed b y V. S.

SEP 2 6 1978

195-22-033-249

Amended 8-14-64 (Be sure the information is complete and accurate)

State File No. 67257

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 100

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Rexburg	a. STATE: Idaho b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First)	b. (Middle)	c. (Last)
Leora		Arnold

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 24, 1919

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Elbert	R	Arnold	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Archer, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Eva	Leora	Smith	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
24 YEARS	Rexburg, Idaho	2	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE: Parley Nelson, M.D.	18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS: Rexburg, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
4/6/1919	J.R. Young	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

K

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 6 1962
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 67257

Date Filed .....

The undersigned does solemnly swear that certain facts on the Certificate of Birth

for Unnamed Arnold (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leora Arnold
Child's Date of Birth	Mar. 23, 1919	March 24, 1919
Full Maiden Name of Mother	Eva Leona Smith	Eva Leora Smith

Subscribed and sworn to before me this 4th day of December, 19 62

Notary Public, residing at Rexburg Idaho
My commission expires July 23, 1963
(Seal)

Signed Elbert A. Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10-5-60. one copy pd. receipt #08070.

Statement from Madison Senior High School, Rexburg, Idaho, statement written December 4, 1962 by Hal C. Barton, Principal - states "Our records show that Leora Arnold Attended Rexburg Schools from 1929-1937. Our records also show her date of birth to have been March 24, 1919." - viewed by V.S.

Photo Copy of Marriage License and Certificate, license no. 1328, State of Idaho, County of Madison, license obtained Oct. 17, 1936; married October 17, 1936 at St. Anthony, Idaho gives full name of groom as Carl S. Anderson and full name of bride as Leora Arnold - viewed by V.S.

Application to the Metropolitan Life Insurance Co, dated June 16, 1955 at Rexburg, Idaho gives full name of insured as Leora Anderson, female, born March 24, 1919 at Rexburg, Idaho - beneficiary is given as Carl S. Anderson, husband or Clayne S. Anderson, son - viewed by V.S.

Delayed Birth Cert. on file: (Idaho Birth) #De56-1094 gives full name as Eva Leora Smith - viewed by V.S.

259-122-033-619

[redacted]

. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67258

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD Arthur Louis Berntsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 22nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter W. Berntsen	FULL MAIDEN NAME	Kathryn E. Farnes
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 22nd 1919 at 6-58 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Registrar

Filed 4/6 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/28/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-119-033-854

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 67259

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... Richard Wesley Purcell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 19th 191 9

FATHER		MOTHER	
FULL NAME	Arthur L. Purcell	FULL MAIDEN NAME	Agnes L. Hemsley
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Trenton Mo.,	BIRTHPLACE	S.L. City, Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar. 19th, 1919 at 3-15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed 4/16 1919

Registrar

OCT 7 1942

759-217-033-854

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67260

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		2nd	Yes	Mar 17th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert E. Perrenoud	FULL MAIDEN NAME	Sarah A. Hemsley
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	S.L.City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 17th 1919 at 4-05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 4/6 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-217033-854

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

67261

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1st	Yes	Mar 17th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert E. Perrenoud	FULL MAIDEN NAME	Sarah A. Hemsley
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	S.L. City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 17th., 1919 at 3-45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

[illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 4/6 1919

[illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 0 1975

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-C—25m-9-8-17

PLACE OF BIRTH [redacted]

CERTIFICATE OF BIRTH

67262

County of Madi[redacted]

814-214-233-365

City of Rexburg

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No.

Hospital Res

FULL NAME OF CHILD Masaka Yamada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1 birth	yes	Mar 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	K Yamada	FULL MAIDEN NAME	Tsuya Tanaka
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Jap — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts (Physician or midwife)

Given names added from a supplemental report.

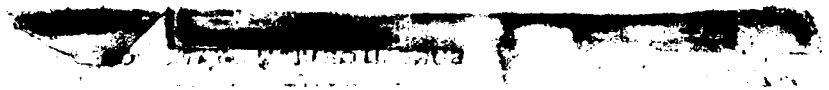
Address Rexburg Idaho

19

Filed 4/6 1919

Registrar

Registrar



dup of 1919-195175

38-109-033-157

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

Registration District No. 10

Primary Registration District No. 217Y

File No. 67263

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 9th 9

FATHER

FULL NAME: Wm. Henry Thomas Jr.

RESIDENCE: Rexburg Idaho

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Malad Idaho

OCCUPATION: Furniture Dealer

MOTHER

FULL MAIDEN NAME: Mary Jeppson

RESIDENCE: Rexburg Idaho

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Millville Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 9th 9 9, 11-50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 4/6 19 [illegible] Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-207-233-813

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Burton, Idaho

Registration District No. 100

File No. 67264

No. ..... St.

Primary Registration District No. 2178

Registered No. .....

Hospital .....

FULL NAME OF CHILD Loretta Margaret Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	March 7 1919

FATHER		MOTHER	
FULL NAME	Henry Stacey Burns	FULL MAIDEN NAME	Margaret Hall
RESIDENCE	Burton, Idaho	RESIDENCE	Burton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Salt Lake, Utah	BIRTHPLACE	Burton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Idaho

Filed 4/6 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1944

413-206-033-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67265

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 218

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 6th 19 9

FATHER

FULL NAME: Graham E. Mackay

RESIDENCE: Sugar City Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Engl and

OCCUPATION: Day Laborer

MOTHER

FULL MAIDEN NAME: Fannie E. Stoddard

RESIDENCE: Sugar City Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 2 2 (Years)

BIRTHPLACE: Morgan Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar. 6th., 1919, 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Carley Nelson M.D.
(Physician or Midwife)

Address Rexburg Idaho

Filed 4/6 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible]

Form V. S. No. 11—25m-6-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 216-101-033-293 St.

Registration District No. 100

File No. 67266

Primary Registration District No. 2178

Registered No.

Hospital

Full Name of Child Fred Dee Saurey Sawrey

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 3 (Month) 1 (Day) 19 19 (Year)

FATHER		MOTHER	
FULL NAME	Fred D Saurey Sawrey	FULL MAIDEN NAME	Edith Maud Silvester
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

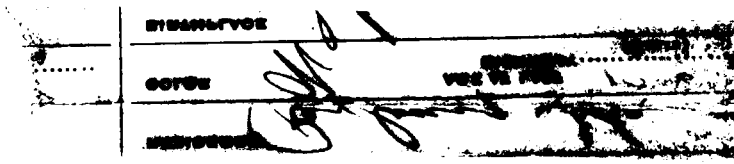
Address .....

Registrar

Filed 3/25 1919

J R Young
Registrar

Certified copy issued 3-3-41. E.M.



MAY 5 1974

266-101-033-154

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 190 File No. 67267

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Reece L. Bowen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar 1st. 191 9

FATHER		MOTHER	
FULL NAME	Lewis R. Bowen	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Beaver Utah	BIRTHPLACE	Redmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Mar 1st., 1919 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Rexburg Idaho

Filed 4/6 19 19 .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1944

AUG 8 1949

133-201-033-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67268

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 160

File No. .....

Primary Registration District No. 2178

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~LOIS~~ Flaiy Allen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 1 1919

FATHER

FULL NAME Thomas P. Allen

RESIDENCE Rexburg, Idaho R.R. #1

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Provo, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Agnes Jensen

RESIDENCE Rexburg, Idaho R.R. #1

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Oak City, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg, Idaho

Filed 1/6 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Lemhi } ss.

Certificate No. 67268

SEP 13 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Fay Allen (Name on Original Certificate) who was born (Was Born ~~or Died~~) on March 1st 1919 (Date of Event)

in Republic Ida Lyman ward (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on May 4th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fay Allen	Lois Fay Allen

Subscribed and sworn to before me this 9th day of Sept. 1943

John Kathren

Notary Public, residing at Salmon Ida

My commission expires 3/16/47
(Seal)

Signed x Thos. P. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Charles C. Beers

Signed ~~Thomas P. Allen~~
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 14 1948

366-226-033-249

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

67269

Registration District No. 106

Primary Registration District No. 247

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 26th 19

FATHER	MOTHER
FULL NAME: John Frank Cook	FULL MAIDEN NAME: Pearl Smith
RESIDENCE: Lyman Idaho	RESIDENCE: Lyamn Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Lyman Idaho	BIRTHPLACE: Fairview Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb 26th 1919 (Born alive or stillborn) on the date above stated. at 10-45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Farley Nelson

..... M.D.

(Physician or midwife)

Address Rexburg Idaho

Filed 4/6 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-226-033-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 110

File No. 67270

Primary Registration District No. 27

Registered No. .....

FULL NAME OF CHILD MARGARET Lorraine Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 26th 1919

FATHER	MOTHER
FULL NAME: John Terry Haynes	FULL MAIDEN NAME: Mable Williams
RESIDENCE: Idao Falls Idaho	RESIDENCE: Idaho Falls Idaho
COLOR: White	AGE AT LAST BIRTHDAY (Years): 31
COLOR: White	AGE AT LAST BIRTHDAY (Years): 24
BIRTHPLACE: Pueblo Colo.	BIRTHPLACE: Thornton Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb 25th 1919. (Born alive or stillborn) on the date above stated. at 7-25 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M. D.

(Physician or Midwife) *

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed ..... 19..

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended an Original Certificate of Birth or Death

RECEIVED JUL 7 1941

State of California } ss.
County of Los Angeles }

Certificate No. 67270
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Margaret Lorraine Haynes (Name on original certificate) who was born (Was born or died) on Feb 26 1919 (Date of event)
in Thorton Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth Date	Feb. 25, 1919	Feb. 26, 1919

Subscribed and sworn to before me this 7th
day of June, 1941
Maud E. Brown
Notary Public, residing at 1311 W Vernon ave.
My commission expires My Commission Expires Feb. 20, 1945.
[SEAL]

Signed Mable Williams Haynes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
3510 S. Bronson ave
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of June, 1941
Maud E. Brown
Notary Public, residing at 1311 W Vernon ave
My commission expires Commission Expires Feb. 20, [illegible]
[SEAL]

Signed Elnora Williams
(Signature of any credible person other than the previous affiant)
2538½ S Bronson ave
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

14-11-4

155-124-033-L-18

PLACE OF BIRTH

County of Madison

City of Rexburg Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

Registration District No. 160

File No. 67271

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD Grant Wilbur Jenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 24 1919

FATHER	MOTHER
FULL NAME Niels C. Jenson	FULL MAIDEN NAME M. Irene Hayman
RESIDENCE Rexburg, Idaho	RESIDENCE Rexburg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Idaho Falls, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6:10 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/6 19 19 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8/18/69

PLACE OF BIRTH

859-219-033-669

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 100

Primary Registration District No. 2178

File No. 67272

Registered No. .....

FULL NAME OF CHILD WANDA HEILESON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 19 9

FATHER		MOTHER	
FULL NAME	Niels Christian Heileson	FULL MAIDEN NAME	Isabella D. Forsyth
RESIDENCE	Thornton Idaho	RESIDENCE	Thornton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Glenwood Utah	BIRTHPLACE	Pine Valley Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Feb 19th 1919 at 7-20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Rexburg Idaho

Filed 4/6 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1969
AUG 18, 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG - 4 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 67272

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Heilesen (Name on Original Certificate) who was born (Was Born or Died) on February 19, 1919 (Date of Event)
in Thornton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (1) Family Group Sheet, (2) Baptismal Record + (3) Report Card prepared on (1) Aug. 6, 1927 + (2) 1925-26 (3) (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Heilesen	Wanda Heileson
Father's Surname	Heilesen	Heileson
Child Number, Present Birth	7	8
Children Living, Present Birth	6	7
Mother's Birthplace	White Pine Valley, Utah	Delete word "white"

Subscribed and sworn to before me this 23rd day of July, 19 69

Notary Public, residing at Idaho Falls, Idaho

My commission expires June 15, 1972 (Seal)

Signed Niels A. Heileson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1161 Blaine, Idaho Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 19 69

Notary Public, residing at Idaho Falls, Idaho

My commission expires June 15, 1969 (Seal)

Signed Ross Gillespie
(Signature of Any Credible Person)

2011 Bremmer Drive, Idaho Falls, Idaho (Street Address, City, State)

FORM DH 80-155 (CL) 7-10-69 nm

Geneal-gy sheet gives name as Wana Heileson born Feb. 19, 1919. Father's nameas Niels Christian Heileson, Mother's namex as Isabella Darinda Forsyth and Mother's birthplace as XXXX XXXXXX, Utah Pinevalley. Viewed by V. S.

AUG 1 8 1969

Certificate of Baptism and Confirmation dated Aug. 6, 1927 gives name as Wanda Heileson daughter of Neils C. Heileson and Isabella Forseyth. Born X Feb. 19, 1919. Signed by Walter Scholer. Viewed by V. S.

AUG 2 0 1969

Geneology record give nameas as Isabelle Dorinda Forsyth born Jan 5, 1879 Pine Vally, Utah. Viewed by V. S.

366-113-033-345

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Idaho

Registration District No. 100

File No. 67273

No. ..... St.

Primary Registration District No. 2178

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dale C. Loosli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Frank Loosli	FULL MAIDEN NAME	Minnie L. Cunningham
RESIDENCE	Felt Idaho	RESIDENCE	Felt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Cash County Utah	BIRTHPLACE	Leinston, Cash County, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 4/16 1919

J. Ryan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LOOSLIE

dup of 1919-3414595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. ... /11-C—25m-9-8-15

PLACE OF BIRTH

869-103-005-133

County of Bonneville

City of St. Maries

No. 2nd & College St.

Hospital Dr. Smith's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2049

File No. 67274

Registered No. 16

FULL NAME OF CHILD Harry Herbert Hoisington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr. (Month) 3rd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ray Hoisington	FULL MAIDEN NAME	Hazel Allbery
RESIDENCE	St. Maries, Ida.	RESIDENCE	St. Maries, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Tomahawk, Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 2nd & College

Filed 4-3 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MAR 30 1944

FEB 21 1952

318-122-005318

PLACE OF BIRTH

F m V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Joe

No. ..... St.

Hospital .....

Registration District No. 32

File No. 67275

Primary Registration District No. 2049

Registered No. 15

FULL NAME OF CHILD Charles Richard Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Frank Taylor	FULL MAIDEN NAME	Mollie Taylor
RESIDENCE	St. Joe, Idaho	RESIDENCE	St. Joe, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address St. Maries, Idaho

Filed 4-3 1919 H E H[illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-21-10052 19

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67276

County of Benewah

City of St.Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 14

Hospital

FULL NAME OF CHILD Verdie Mae Shepard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Mar 14 1919

FATHER	MOTHER
FULL NAME: Mansfield Shepherd	FULL MAIDEN NAME: Della Barden
RESIDENCE: St.Maries,Idaho	RESIDENCE: St.Maries,Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 2[illegible] (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: N.Carolina	BIRTHPLACE: Tomahawk,Wis.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Address St.Maries,Idaho

Filed 4-3 1919 H E Hanna Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

AUG 1 1 1975

33-210- 3005-691

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67277

County of Benewah

City of St.Maries

No. ____ St.

Hospital DR.SMITH'S

Registration District No. 32 File No. ____

Primary Registration District No. 2049 Registered No. 12

FULL NAME OF CHILD VIRGINIA LUCILE Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 10 1919

FATHER	MOTHER
FULL NAME: Joseph Clark	FULL MAIDEN NAME: Viola Franklin
RESIDENCE: St.Maries Idaho	RESIDENCE: St.Maries Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Arkansas
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30A M. on the date above stated.

(Signature) O B Smith M.D.

Physician (Physician or midwife)

Address St Maries

Filed 4-3 1919 H E Smith Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

Certificate No. 67277

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born. (Was Born or Died) on March 10 1919 (Date of Event)
in St. Mables (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Virginia Lucile Clark

Subscribed and sworn to before me this 6th day of November, 19 42.

Notary Public, residing at Sacramento

My commission expires August 21 1945.
(Seal)

Signed Viola F. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2908 C St. Sacramento Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 9 1975

NOV 9 1942

219-209-005-754

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67278

County of Benewah

City of St.Maries

No. _____ St.

Hospital _____

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. 11

FULL NAME OF CHILD Emaline Barden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Barden	FULL MAIDEN NAME	Alma Anderson
RESIDENCE	St.Maries Idaho	RESIDENCE	St.Maries Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Grand Haven, Mich	BIRTHPLACE	Spirit, Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was OR alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St.Maries Idaho

Filed 4-3 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1973

DECEASED

613 207:005-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67279

County of Benewah

City of StMaries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 10

Hospital

FULL NAME OF CHILD Geraldine Bessie Wathen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 3 1919

FATHER	MOTHER
FULL NAME: Charles Wathen	FULL MAIDEN NAME: Marie Warner
RESIDENCE: StMaries Idaho	RESIDENCE: StMaries Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Aspen, Col.	BIRTHPLACE: LaJunta, Col.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 10 A. M.

(Signature) C B Smith M.D.

Physician
(Physician or midwife)

Address St. Maries Idaho

Filed 4-3 1919 H E Hamm
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Silver Bow

Certificate No. 67279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wathen (Female) (Name on Original Certificate) who born (Was Born or Died) on March 3, 1919 (Date of Event)
in St. Maries (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Nov. 20, 1939 - both documents sho (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Birth Cert. 12-18-51 & Voting Record 9-12-45	School Record - 1928 Viewed by v.s.	
Child's Name above first Name	Unnamed	Geraldine Bessie Wathen

Subscribed and sworn to before me this 14th day of March, 1958

T. M. Powers

Notary Public, residing at Butte, Montana
My commission expires February 17, 1959
(Seal)

Signed Chas. H. Wathen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

251 W. Pacific Butte Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1958

Notary Public, residing at Butte, Montana
My commission expires February 17, 1959
(Seal)

Signed William T. Warren
(Signature of Any Credible Person)

120 Main St. Meadowlake Butte Mont
(Street Address, City, State)

FORM DPH 55. 155

NNCL 2-20-58 nm

APR 29 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

695-125-006-369

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67280

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 9

FULL NAME OF CHILD Boby Wincentsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Wincentsen	FULL MAIDEN NAME	Lelah Corning
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Saw Filer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kirsolving M.D.

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries Idaho

Filed Mar. 27 1919 H E Hunt

Registrar

Registrar

364-101-005-866

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital St Maries

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67281

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 8

Full Name of Child Chester Henry Tampkins Jr.

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Mch (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chester Henry Tampkins	FULL MAIDEN NAME	Anna Marie Howard
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	La Salle New York	BIRTHPLACE	Syracuse N. Y.
OCCUPATION	Electrical Engineer	OCCUPATION	Hwife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____ Address St Maries

_____ Registrar Filed Mch 1919 _____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TOMPKINS 2 HAND WRITING

666-106-[redacted]
004-743

PLACE O[redacted]

Form V. S. No. 11-C—[redacted]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67283

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	3 (Month) 6 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Wagon Woodruff	FULL MAIDEN NAME	M Gutch
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Lake	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 4-5-1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-231-0064651

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 67284

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 2

Legitimate? Yes

Date of Birth: March 31 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Milton A Robison	FULL MAIDEN NAME: Idella Hoover
RESIDENCE: Georgetown	RESIDENCE: Georgetown
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Georgetown	BIRTHPLACE: Bennington
OCCUPATION: Farming	OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) Elmer E. Hinckley

Physician

(Physician or midwife)

Address Montpelier Ida

4-5-19

384-227.00X-236

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 67285

Primary Registration District No. 2,136 Registered No. .....

FULL NAME OF CHILD Yvonne E. Chugg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	Yes	March 27 1919

FATHER		MOTHER	
FULL NAME	Rinal D. Chugg	FULL MAIDEN NAME	Lauretta Stowell
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nounan	BIRTHPLACE	Willard, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed 4-5-1919 W. H. Krieg, Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1958

503-126-004-271

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67286

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	~~Twin Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	~~Legitimate?~~	Date of Birth
Boy		Yes	March 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cornell Note	FULL MAIDEN NAME	Alice G. Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida

Filed 4-5-19 [illegible] Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-225-004-769

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67287

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	March 25 1919

FATHER		MOTHER	
FULL NAME	Leon A. Beck	FULL MAIDEN NAME	Jennie Porter
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Lanark, Ida.	BIRTHPLACE	Fairview Wyom.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 4-5-19 19

[illegible] Regr

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-120-00X-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—~~25m-9-8-17~~

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 67288

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		~~One~~	yes	March 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wells H. Smith	Florence Barkdull
RESIDENCE	Georgetown	Georgetown
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Georgetown	Georgetown
OCCUPATION	Farming	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*,

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer C. Hinckley

Physician

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report.

..... 19.....

Filed 4-5- 19

294-216-004-269

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67289

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Stena Krusell

Sex of Child	~~Twin Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	~~4~~	yes	Mch. 16, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto Krusell	FULL MAIDEN NAME	Lydia Sorensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Wisconsin
OCCUPATION	Mechanic	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

Mch. 17 1919

Address Montpelier Ida

Filed 4-5-19 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 1976

395-115-00X-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67290

Registration District No. 57 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Franklin David Lindsay Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		2nd	yes	March 16, 191 9

FATHER		MOTHER	
FULL NAME	Franklin David Lindsay	FULL MAIDEN NAME	Sybil Irene Sorensen
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgetown	BIRTHPLACE	Georgetown
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Strickley

Physician (Physician or midwife)

Address Montpelier Ida.

Given names added from a supplemental report.

..... 19.....

4-5-19 Attending Phy

494-110-004-866

Form V. S. No. 11-C—28m-8-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67291

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	~~2~~	yes	Mch. 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert P. Dimick	FULL MAIDEN NAME	Magdelene Hoff
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hardboro	BIRTHPLACE	Georgetown
OCCUPATION	Train fireman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

March 15 1919

Address Montpelier

Filed 4-5-19 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-202-00X-693
Amended 5/23/72

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

67293

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD ..... Margaret Loveday .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 2 1917

FATHER	MOTHER
FULL NAME Linn Loveday	FULL MAIDEN NAME Lydia Volkes
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Montpelier	BIRTHPLACE Montpelier
OCCUPATION Clerk	OCCUPATION None

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Idaho

Filed 4-5- 1917

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 10 9 07 AM '72

State of Idaho } ss.
County of Ada }

Certificate No. 67293

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Loveday (female) (boy listed on certif.) who was born on March 4, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Montpelier, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Margaret Loveday
Sex of child	Boy	Female
Date of birth	March 4, 1919	March 2, 1919

Subscribed and sworn to before me this 30 day of April, 19 72.

Notary Public, residing at Montpelier

My commission expires April 3rd 1972

(Seal)

Signed John W. Loveday Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

P. O. 614 Grant St Montpelier, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 19 72.

Notary Public, residing at Montpelier

My commission expires April 26, 1974

(Seal)

Signed [redacted]
(Signature of Any Credible Person)

320 N. 5th St Montpelier, Ida
(Street Address, City, State)

FORM DH 60-155

CL 4/25/72 nm

Certif of birth from LDS Church gives name as Margaret Loveday born March 2, 1919 at Montpelier, ID. Father's name given as Kem Loveday and mother's name given as Delila Welker. Entered on record June 1, 1919. Viewed by V. S.

MAY 23 1972

Data for Marriage license gives male's information ~~x~~ his name as Claude Donald Williamson born Aug 2, 1916at St. Charles, Idaho. The female's information ~~xx~~ her name as Margaret Loveday born March 2, 1919 at Montpelier, Idaho. Dated April 11, 1938. Viewed by V. S.

754-203,004-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital ..... Gladys Rose

Form V. S. No. 11-C—15m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67294

Registration District No. 52

File No. .....

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD ..... Gerber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		4th	Yes	March 3rd 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christian Gerber	Margaret Schluneggar
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farming	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

March 17, 1919

Address Montpelier Idaho

4-3-19

JUL 28 1970

657-202-004-284

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67295

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Linna Mae Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gd		Yes	3-2-19

FATHER		MOTHER	
FULL NAME	Elmer Weaver	FULL MAIDEN NAME	Pearl Sydney
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bennington	BIRTHPLACE	Star Valley
OCCUPATION	Lab	OCCUPATION	Mg

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at PD M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ailey

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

..... 19

Filed 4-5 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67295

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weaver (Name on Original Certificate) who born (Was Born or Died) on 3-2-19 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #326342 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:
School Record viewed by v.s. May 19, 1937

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Linna Mae Weaver

Subscribed and sworn to before me this 7th day of August 1957

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1959
(Seal)

Signed Pearl L. Lufkin (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August 1957

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1959
(Seal)

Signed John F. Lufkin
(Signature of Any Credible Person)

Shelley, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NN 8-1-57 1 copy paid

AUG 26 195

693-102-004-469

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67296

Registration District No. 52 File No. .....

Primary Registration District No. 2736 Registered No. .....

FULL NAME OF CHILD Earl Raymond Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Bey		Yes	3 2 1919

	FATHER		MOTHER
FULL NAME	William Henry Wilcox	FULL MAIDEN NAME	Adelia Martinson
RESIDENCE	Montpelier	RESIDENCE	Montpelier Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	~~36~~ 31	AGE AT LAST BIRTHDAY (Years)	~~34~~ 29
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Ovid, Ida. ~~Montpelier~~
OCCUPATION	Oil & Eng	OCCUPATION	None

Number of child of this mother, including present birth ~~4~~ 5 Number of children of this mother now living, including present birth ~~4~~ 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Oakley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 4-5-1919 [signature]

Registrar

Registrar

WRITE

RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-129-004-693

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

67297

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	2-29-19

FATHER		MOTHER	
FULL NAME	John G. Warton	FULL MAIDEN NAME	Mary S Wilker
RESIDENCE	Montpelier	RESIDENCE	Ontario
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	3V	AGE AT LAST BIRTHDAY (Years)	3V
BIRTHPLACE	Utah	BIRTHPLACE	Bloomington
OCCUPATION	Labor	OCCUPATION	[illegible]

Number of child of this mother, including present birth .... 6. Number of children of this mother now living, including present birth .... 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cooley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 4-5-1919

Registrar

Registrar

214-101-004-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Nauman

Registration District No. 52

File No. 67298

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3 1 1919

FATHER		MOTHER	
FULL NAME	James Burchi	FULL MAIDEN NAME	Mary Jewett
RESIDENCE	Nauman	RESIDENCE	Nauman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nauman	BIRTHPLACE	Nauman
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 4-5-1919 [signature]

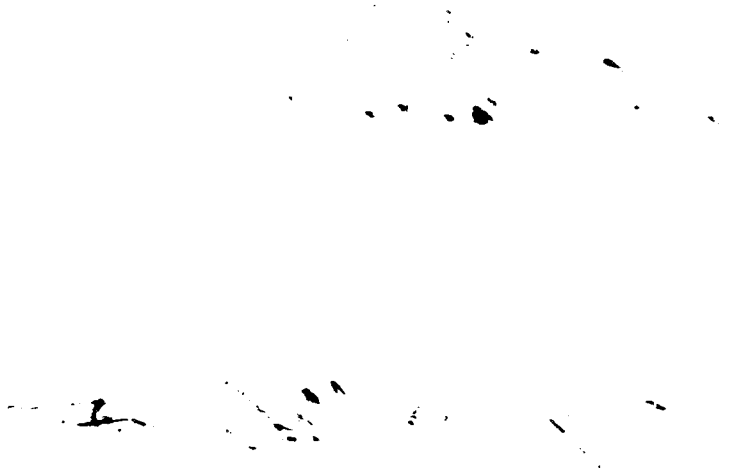
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



238-127.00 & 295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67299

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	2-27-1919

FATHER		MOTHER	
FULL NAME	August Schimmel	FULL MAIDEN NAME	Julia Kinny
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Paris	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 89 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

..... 19.....

Filed 4-5-1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-220 ~~00X~~-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—~~Mm~~-6-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67300

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Evelyn Linder

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1st	Yes	Feb. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Joseph Linder	FULL MAIDEN NAME	Ada Alvereta Loveland
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Fish Haven
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:31 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 4-5-19 — [illegible]

Filed 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each of such, in order of birth

ATE OF BIRTH

City of Georgetown

No. ....., ... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 2236

File No. 67301

Registered No. .....

FULL NAME OF CHILD Utahna Tippets

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Date of birth (Month)
Female	yes	Feb.

FATHER		MOTHER	
FULL NAME	Walter Henry Tippets	NAME	Myrtle Helen Larsen
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	2
BIRTHPLACE	Perry, Utah	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19 ..... Address Georgetown, Bear Lake Co., Idaho

Filed 4-3 1919 [signature] Registrar

SYMS & YORK CO., PTRS. & BDRS. 17328.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 11 8 58 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67301

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tippets (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 18, 1919 (Date of Event)
in Georgetown, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Utahna Tippets

Subscribed and sworn to before me this 7th day of October, 19 77

Notary Public, residing at Ovid, Idaho

My commission expires Life

(Seal)

Signed Legrand V. Bartschi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Nounan, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 77

Notary Public, residing at Ovid, Idaho

My commission expires Life

(Seal)

Signed Legrand Bartschi
(Signature of Any Credible Person)

Star Rt. Nounan, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/11/77 RUSH

653 108 004 217

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67302

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. ..... St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD ~~Jack~~ JOHN JOSEPH Wells

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	Yes	Feb. 8th 1919

FATHER		MOTHER	
FULL NAME	Andy Wells	FULL MAIDEN NAME	Sarah Bagley
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from supplemental report.
Feb. 13 1919.

Address Montpelier, Ida.
4-5-19. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO, } ss.
County of Bear Lake, }

Certificate No. 67302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Jack Wells (Name on Original Certificate) who was born (Was Born or Died) on 9th February, 1919, (Date of Event) in date and name (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by myself as mother (Bible Record, Insurance Policy, Etc.) prepared on my own knowledge (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jack	John Joseph Wells
Date	Feb. 9th	Feb. 8, 1919

Subscribed and sworn to before me this 9th day of August, 1943.

Signed Sarah Bagley Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Montpelier, Idaho.

My commission expires March 7, 1946 (Seal)

P.O.Box 104, Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Bear Lake, }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge. She is the grandmother of child and was present when said child was born. 9th

Subscribed and sworn to before me this 9th day of August, 1943.

Signed Mary Isabelle Young Bagley
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Montpelier, Idaho

My commission expires March 7, 1946. (Seal)

Montpelier, Idaho
(Street Address, City, State)

397-20-00K-697

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

67304

Registration District No. 57

File No. _____

Primary Registration District No. 2136

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 1st 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Maurice Tippets	Retta Wixom
RESIDENCE	Georgetown, Idaho	Georgetown, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Brigham City, Utah	Liberty, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Filed 4-8- 19 19 H. H. Kemp Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 5-17-62 (Be sure the information is complete and accurate)

State File No. 67305
Local Reg. No.
Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): James
b. (Middle): Edward
c. (Last): Sloat

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 1 - 28 - 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Jasper
b. (Middle): E.
c. (Last): Sloat

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): U. S.

11a. USUAL OCCUPATION: Railroad Brakeman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Harrington

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): England

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. F. Guyon, M.D.

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 4-5-1919

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where child was born should receive correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 67305

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sloat (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record & insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Jan. 30, 1919, (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James Edward Sloat
Full Maiden Name of Mother	Elizabeth M. Sloat	Elizabeth Harrington

Subscribed and sworn to before me this 15th day of May, 19 62

Richard N. Keeler
Notary Public, residing at Jerome, Idaho
My commission expires Dec. 31, 1962.
(Seal)

Signed May James E. Sloat M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

801 N. Lincoln, Jerome, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May, 19 62

Richard N. Keeler
Notary Public, residing at Jerome, Idaho
My commission expires Dec. 31, 1962
(Seal)

Signed George P. Mantelo
(Signature of Any Credible Person)

Rt. 3, Jerome, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2-28-62. one copy pd. rec. #7454.

818-214-004-241

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67306

Registration District No. 52 File No. .....

Primary Registration District No. 2,136 Registered No. .....

FULL NAME OF CHILD Grace Leon Hayes

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
girl	10th (To be answered only in event of plural births)	yes	Jan. 14, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orma H. Hayes	FULL MAIDEN NAME	Lottie Smart
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mill Creek Ida.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

Feb. 10th 1919

Address Montpelier Ida.

Filed 4-5-19 H H King Regr

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-206

PLACE OF BI[redacted] V. S. No. 11-C—Mm-6-8-17

004-613

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRT

67307

County of Bear Lake

City of Ovid

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Gre		yes	1 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	S. Nielsen	FULL MAIDEN NAME	L. M. Wallantine
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuddy

(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

Registrar

Filed 4-5 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-205-004-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67308

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Geraldine Swensen

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 1 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tommy Swensen	FULL MAIDEN NAME	Ellen Wride
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montpelier	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Dudley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 4-5-1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

29[illegible]00-566

Co[illegible]

City of [illegible]

~~Nor~~ N. E. Whitney School

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67333

Primary Registration District No. 1004 Registered No. 86

FULL NAME OF CHILD Faith Elaine Biggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Biggs	FULL MAIDEN NAME	Ruth M. Voorhees
RESIDENCE	1509 Hazel St., Boise	RESIDENCE	1509 Hazel St., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise, Idaho

Filed 3/25 1919 L. P. Jorman Registrar

S-Y-CO 38071

JUL 24 1943

962-126-001-154

PLACE OF BIRTH (9)

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67334

County of Ada

City of Boise — Registration District No. 8 — File No.

No. Collister St. — Primary Registration District No. 2004 — Registered No. 14

Hospital

FULL NAME OF CHILD RAY E. ROBERTS, JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray E. Roberts.	Lillie Anderson
RESIDENCE	Collister	Collister
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Neb	Kans.
OCCUPATION	Conductor	House wife.

Number of child of this mother, including present birth 3rd — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Dr. J. Carl Hill
M. D.
(Physician or midwife)

Address

Filed 3/2 19 19 — L. Coffman — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 67334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Unnamed Roberts (Name on Original Certificate) who (Was Born ~~or Died~~) on Feb. 26, 1919. (Date of Event)
in Boise, Ida., R.F.D.1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ray E Jr.

Subscribed and sworn to before me this 7 day of May 1942

Notary Public, residing at Boise

My commission expires 8-1-1942
(Seal)

Signed Lellie A. Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1317 N 10 St Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of May 1942

Notary Public, residing at Boise, Ida

My commission expires 8-1-1942
(Seal)

Signed Ray E. Roberts
(Signature of Any Credible Person Other Than Previous Year)

1317 N 10th St Boise Ida.
(Street Address, City, State)

FEB 6 19

419-203.001-719

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67335

County of Ada

City of Boise

No. Valley Road St.

Hospital RD.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Hope Martin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	2	Yes	Mch. 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E H Martin	FULL MAIDEN NAME	Lyda Tardner
RESIDENCE	RD Boise	RESIDENCE	Boise
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Illinois
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 A. M. on the date above stated.

~~(Born alive or stillborn)~~

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 3/15 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1975

JUN 27 1975

JAN 29 1976

294-204001-863

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

67336

County of Ada

City of Linden School District

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Ellen Grush

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar 4 1919

FATHER		MOTHER	
FULL NAME	John Harry Grush	FULL MAIDEN NAME	Jemima Holbrook
RESIDENCE	Linden School District	RESIDENCE	Linden School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 12.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed 3/12 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended 2-2-60

County of Ada

City of Barber School District

No. 23625.001-742 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 67337

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Phala Greta Charlotte Bloomstrand
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 25, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Sam A. Bloomstrand	FULL MAIDEN NAME: Anna Gustafferson
RESIDENCE: Barber School District	RESIDENCE: Barber School District
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 51 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

Boise, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 3-12-1919 192 L. P Pirfman Registrar.

Baptismal Record dated June 16, 1919 , Lutheran Church, Boise, Idaho gives name as Phala Greta Charlotte Bloomstrand, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67337

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Greta Bloomstrand (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1919 (Date of Event)
in Ada, Barber Sch. Dist. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by U.S. Passport gives name as Phala Greta Charlotte Bloomstrand -dated (Bible Record, Insurance Policy, Etc.) prepared on April 1953 - viewed by V.S. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Greta Bloomstrand	Phala Greta Charlotte Bloomstrand

Subscribed and sworn to before me this 6th day of November, 19 59

Notary Public, residing at Boise, Idaho
My commission expires Nov 24, 1959
(Seal)

Signed Mrs. [illegible] Bloomstrand
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6412 Kat. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 6733 7

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baby (Birth or Death)
for (Name on Original Certificate) who BORN (Was Born or Died) on FEB. 25, 1919 (Date of Event)
in BARBER, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on MARCH 6, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Blumenstrand	Greta Bloomstrand Greta C. Bloomstrand

Subscribed and sworn to before me this 29
day of Oct, 1944

D Gardner
Notary Public, residing at Boise Idaho

My commission expires Dec. 9, 1945
(Seal)

Signed Gustaf Oscar Bloomstrand
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

ROUTE #1 BOISE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 29 1944

649-227-001-947

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67338

County of Ada

City of Boise

~~No.~~ 3mi N. Dry Creek

Hospital

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 15

FULL NAME OF CHILD Leona Ourada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2 - 27 - 1919

FATHER		MOTHER	
FULL NAME	Charles P. Ourada	FULL MAIDEN NAME	Mary Zupper
RESIDENCE	3mi. N. Dry Creek	RESIDENCE	3mi N. Dry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brattan (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 3/25 1919 L. R. Foman Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1944

614-121-001-255

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67339

County of Ada

City of Boise

No. Bench St.

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 16

FULL NAME OF CHILD Victor Bennett Wade

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	1 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor T. Wade	FULL MAIDEN NAME	Pauline Bennett
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo
OCCUPATION	Reclamation	OCCUPATION	Hw.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....

Registrar

Filed 3/25 1919 L. Hyman

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 8, 1941. L.W.

JUN 17 1969

213-111-001-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Rear of Natatorium St.

Hospital

January 9, 1948

Registration District No. 8

File No. 67340

Primary Registration District No. 2004

Registered No. 17

FULL NAME OF CHILD George John Kalange
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 11 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: John George Kalange	FULL MAIDEN NAME: Elane Savopulu
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Grece	BIRTHPLACE: Greece
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Address Boise, Idaho

Filed 3/25 1919 L. P. Pfrman
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67340

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George Kalange	George John Kalange

Subscribed and sworn to before me this 9th day of January, 1947

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed x John Kalange
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

449-209-001-244

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Rossi & Michigan Sts S. B.

Hospital —

Registration District No. 8

Primary Registration District No. 2077

File No. 67341

Registered No. 18

FULL NAME OF CHILD

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas. H. Murray	FULL MAIDEN NAME	Mary A. Summers
RESIDENCE	Rossi and Michigan	RESIDENCE	Rossi and Michigan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed 3/25 1919 L. R. Ferman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-117-001-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67342

County of Ada

City of Boise

~~No.~~ 5 mi. W. Boise

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Charles Richard Veatch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) – 17 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	John W. Veatch	FULL MAIDEN NAME	Emma A. Baum
RESIDENCE	R. D. #1, Boise	RESIDENCE	R. D. #1, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Land appraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Boise, Idaho

Filed 3/20 1919 L. R. Freeman Registrar

S-Y-CO 36071

843-214-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 67343

No. ..... St.

Primary Registration District No. 1004

Registered No. 93

Hospital St. Alphonsus

FULL NAME OF CHILD Margaret Edith Huckabee

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) - 14 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Raymond E. Huckabee	FULL MAIDEN NAME	Edna E. Larsen
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Mill foreman	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7-15-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 3/31 1919 L. R. Pfonnan

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V... No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2

OCT 6 1942

04

PLACE OF BIRTH

SEP 28 1961

466.128.00-243

PLACE OF BIRTH

County of Ada

City of Boise

No. 526 So 13 St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 2 File No. 67344

Primary Registration District No. 1004 Registered No. 94

FULL NAME OF CHILD ✓ FRANK ADEN MOORE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date Born (Month) (Day) (Year)
Male	✓	4	+	Feb 3 1919

FATHER	MOTHER
FULL NAME C A Moore	FULL MAIDEN NAME May Butts
RESIDENCE Boise	RESIDENCE Boise
COLOR Wh AGE AT LAST BIRTHDAY 29 (Years)	COLOR Wh AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Iowa
OCCUPATION Delivery Man	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 4 ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3/20 1919 [signature]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 11 10 43 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 67344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moore (Name on Original Certificate) who was born (Was Born or Died) on March 28, 1919 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Charge Typed (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Frank Aden Moore

Subscribed and sworn to before me this 15 day of June, 1977.
Notary Public, residing at Boise, Ida.
My commission expires 6-27-81
(Seal)

Signed Helen K. Moore - Wife
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1709 Butler Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Telephone call 4-29=77 no corresp. fc

Discharge papers dated 27 April 1946 Issued by Separation Center Fort Lewis, Wn. gives name as Frank A. Moore. viewed by V.S.

Service Record dated 27 March 1944 gives name as Frank Aden Moore. viewed by V.S.

JUN 17 1977

393-116-001-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67345

County of Ada name added 4/19/85tlc

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 92

Hospital St Alphonsus

FULL NAME OF CHILD Thomas Joseph Tillotson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Silas Tillotson	FULL MAIDEN NAME	Mamie Murphy
RESIDENCE	Drewsey	RESIDENCE	Drewsey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Calif
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3/31 1919 L P Ferman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DUP OF
1919-42-540

4/19/85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 67545
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (Male) Tillotson (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 16, 1919 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Thomas Joseph Tillotson

Subscribed and sworn to before me this 19 day of April, 1985.

Notary Public, Tisa L. Clevenger

Residing at Boise Idaho

My commission expires April 3, 1991

(Seal)

Thomas J Tillotson
Signature of Applicant

7430 Gilbert Dr
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 19 1985

Marriage record form Idaho #49-16306 gives name as (Groom) Thomas Joseph Tillotson. married May 14, 1949. viewed by V. S.

Own daughter's birth certificate on file in Idaho gives name as Suzanna Marie Tillotson born June 7, 1950. father's name as Thomas Joseph Tillotson. viewed by vs.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] -120.008.153

[redacted] BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Ada

No. 504 Pembroke St.

Hospital St Alphs

Registration District No. 2 File No. 67346

Primary Registration District No. 1004 Registered No. 91

FULL NAME OF CHILD LESLIE ALVIN LAKNESS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	2	Yes	Mch. 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mr. J. A. Lakness	FULL MAIDEN NAME	Julia Jelle
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minnesota
OCCUPATION	Telephone Mgr.	OCCUPATION	Farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/30 1919 L. P. Ferman

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California ss. JAN 2 1942 Certificate No. 67346

County of Los Angeles Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lakness	Leslie Alvin Lakness

Subscribed and sworn to before me this 29th day of November, 19 41.

Signed Mrs. Julia A. Lakness
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires January 24, 1943 (SEAL)

4618½ Broadway Los Angeles Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California ss.

County of Los Angeles

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 19 41.

Signed Thomas W. Ross
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires January 24, 1943 (SEAL)

8247 N. Lafayette Park Pl. L. A.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 2 1942 By
(REGISTRAR'S SIGNATURE)

265-126 [redacted]

PLACE O[redacted]

001-817

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67347

County of Ada

City of Boise

No. ——— St.

Hospital St. Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 90

FULL NAME OF CHILD Robert Baker Bond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 - 26 - 1919

FATHER		MOTHER	
FULL NAME	J. B. Bond	FULL MAIDEN NAME	Martha M. Hage
RESIDENCE	506 Bannock St.	RESIDENCE	506 Bannock St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE;

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 3/30 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1974

236-230-001-5-17

COMPLACE [illegible]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67348

County of Ada

City of Boise

No. 129 N. 15 St.

Hospital St. Luke's

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 89

FULL NAME OF CHILD Margaret Louise Blomgren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. C. Blomgren	FULL MAIDEN NAME	Carrie Nagel
RESIDENCE	129 N. 15th St. Boise	RESIDENCE	129 N. 15th St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	Draughtsman	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 a. M. on the date above stated.

(Signature) J. M. Taylor

M. D.

(Physician or midwife)

Address Boise

Filed 3/30 1919

L. C. Foman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1965

DEC 2 7 1944

634-215-ad-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67349

County of ADA

City of BOISE

No. ..... St.

Hospital .....

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 88

FULL NAME OF CHILD Victoria Virginia Oldson

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	yes	March 15 1919

FATHER		MOTHER	
FULL NAME	Victor E. Oldson	FULL MAIDEN NAME	Bessie McGoff
RESIDENCE	1220 N. 18th	RESIDENCE	1220 N. 18.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Virginia	BIRTHPLACE	N Dakota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S H Goodfordad

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Eunice Bldg

Filed 3/28 1919 L. C. Hirman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-126-001-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 67350

Primary Registration District No. 1004

Registered No. 87

FULL NAME OF CHILD Jack Hewitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willie Hewitt	FULL MAIDEN NAME	Anna Stittwaugh
RESIDENCE	Halfway, Oregon	RESIDENCE	Halfway Or
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Sweeden
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mch 26 1919 at 8:15 A M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 3/27 1919

L. R. Forman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1942

271-27100-714

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67351

County of Ada

City of Boise

No. 622 W. State St.

Hospital ——

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 85

FULL NAME OF CHILD Bernice Elaine Spann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 — 17 — 1919

FATHER		MOTHER	
FULL NAME	Judson A. Spann	FULL MAIDEN NAME	Flossie E. Gaddis
RESIDENCE	622 W. State, Boise	RESIDENCE	622 W. State, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	S. Carolina	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brastan (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 3/25 1919 L. H. Forman Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1950

313-108'001-381

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67352

County of Ada

City of Boise

No. 1417 E. Ban. St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 84

FULL NAME OF CHILD James Seymore Caldwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	3 (Month) 8 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyle C Caldwell	FULL MAIDEN NAME	Gladys Chapman
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labour	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cadenway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 3/25 1919 L. Hyman

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-210-001-415

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 408 W. Jefferson St.

Hospital

Registration District No. 2 File No. 67353

Primary Registration District No. 1004 Registered No. 83

FULL NAME OF CHILD Virginia Margaret Dulitz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 — 10 — 1919

FATHER		MOTHER	
FULL NAME	John A. Dulitz	FULL MAIDEN NAME	Minnie Virginia Davidson
RESIDENCE	408 W. Jefferson	RESIDENCE	408 W. Jefferson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 3/25 1919 L. H. Jermon

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1945

174 124 001-874

PLACE OF BIRTH

County of Ada

City of Boise

No. 307 N Bannack St

Hospital

STATE C[redacted]
[redacted]EAU OF V[redacted]
[redacted]ERTIFICA[redacted]

Registration D[redacted] 2

Primary Registration District No. 1004

Registered No. 81

Full Name of Child Richard U. Aguirre

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		Yes	3 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Domingo Aguirre	FULL MAIDEN NAME	Juanita Yguidi
RESIDENCE	307 N Bannack	RESIDENCE	307 N. Bannack
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Overland Bldg

Filed 3/24 1919 L. P. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAGIN
FAR EASTERN

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of ~~Elmore~~ Ada }

Certificate No. .....
Date Filed ..... 19..

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Aguirre (Name on original certificate) who was born (Was born or died) on March 24, 1919 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by his brother Domingo M. Aguirre ~~prepared on~~ (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	unnamed	Richard O. Aguirre
Name	Aguirva	Aguirre

Subscribed and sworn to before me this 1st
day of July, 1946
Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Domingo M. Aguirre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mt. Home, Idaho Box 517
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

OCT 9 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795211.001-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-3-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67356

County of Ada

City of Boise

Registration District No. 2 File No.

No. ——— St.

Primary Registration District No. 1004 Registered No. 80

Hospital St. Alphonsus

FULL NAME OF CHILD Edna Esther Gress

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 — 11 — 1917

FATHER		MOTHER	
FULL NAME	J. L. Gress	FULL MAIDEN NAME	Sadie Esther Munger
RESIDENCE	Grandview Idaho	RESIDENCE	Grandview Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 40 P. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 3/22 19 19 L. P. Herman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-112-001-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67357

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 79

FULL NAME OF CHILD George Curtis Clark

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry R. Clark	FULL MAIDEN NAME	Emma Muller
RESIDENCE	Drewsey, Oregon	RESIDENCE	Drewsey, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Raucher	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10:10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 3/22 1919 L. P. Ferman

Registrar

Registrar

S-Y-CO 38071

NOV 1 0 1950

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

651-219-001-168

County of Ida

City of Boise

No. ..... St.

Hospital St Alphonsus.

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67358

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 78

Full Name of Child Eunice Irene Weaver

SEX OF CHILD: Fe	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 3 (Month) 19 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: William H Weaver	FULL MAIDEN NAME: Estella Johns.
RESIDENCE: 1316 Main St	RESIDENCE: 1316 Main St
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Kas.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 3/20 1919 L R Herman

Registrar

APR 20 1961

864-214-001-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67359

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 77

FULL NAME OF CHILD Virginia Louise Hon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Mch 14 1919

FATHER		MOTHER	
FULL NAME	Otis W. Hon	FULL MAIDEN NAME	Neva Cox
RESIDENCE	Boise, Ida.	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mch 14th 1919 at 1:40 P. M. on the date above stated.

(Born alive or [redacted])

(Signature) Jos R. Numbers

Boise, Ida

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3/19 1919 L P Pfoman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 [illegible] 1942

MAR 1 1963

866-111-001-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67360

County of Ada

City of Boise

No. 714 Jefferson St.

Hospital St Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 76

FULL NAME OF CHILD Robert Joe Hoffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry A. Hoffman	FULL MAIDEN NAME	Hazel Landis
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	So Dakota
OCCUPATION	Fireman, Gas Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was "Caesarian" Mch 11th 1919, at 10 a M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 3/19 1919 L P Spinman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-112-001-2 [redacted]

PLACE OF BIR[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67361

County of Ada

City of Boise

No. 1409 N. 6 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 75

FULL NAME OF CHILD Ferdinand Joseph Howry Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. Roy Howry	FULL MAIDEN NAME	Katherine M. Blech
RESIDENCE	1409 N 6th	RESIDENCE	1409 N 6th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	N. Y.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ada

19

Filed 3/19 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-P15-001-114

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-14

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

67362

County of Ada

City of Boise

No. 219 N. Save.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 74

FULL NAME OF CHILD Keith Pershing Thompson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	4	Yes	3 15 1919

FATHER		MOTHER	
FULL NAME	Ralph H. Thompson	FULL MAIDEN NAME	Marian Jameson
RESIDENCE	RR #4	RESIDENCE	RR #4
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pittenger

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Overland Bldg.

Filed 3/15 1919 L P Firman

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 67362

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family records (Bible Record, Insurance Policy, Etc.) prepared on time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Keith Pershing Thompson

Subscribed and sworn to before me this 29th
day of December, 1943

Signed Ralph H. Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Nampa, Idaho

Hudson St. Nampa, Idaho
(Street Address, City, State)

My commission expires
(Seal)

Notary Public Residing at Nampa, Idaho
My Commission Expires Jan. 10, 1946.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. 29th day Of Dec. 1943

Subscribed and sworn to before me this
day of , 19

Signed W. W. Dea
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

210 - 12th Ave Nampa Idaho
(Street Address, City, State)

My commission expires
(Seal)

JAN 5 1944

244-122.001-667

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67363

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 73

FULL NAME OF CHILD James Linden Bumgardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar L. Bumgardner	FULL MAIDEN NAME	Hallie Fox
RESIDENCE	1911 - N - 10	RESIDENCE	1911 - N - 10.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill N.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3/12 1919 L. P. Herman Registrar

E-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Hallie Elizabeth Bumgardner of Idaho City, Idaho

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

of James Linden Bumgardner
if friend or otherwise, so state)

who was born in the city of Boise, County of Ada
(was born, died)

on the 22nd day of Feb., 19 19, as stated in a certificate of
birth or

death filed by
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of , County of

Idaho, on the day of 19 .

That the following facts set forth in said certificate are not correctly stated therein, to wit:

That affiant upon own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

(SEAL)

Affiant Hallie Elizabeth Bumgardner

Address Idaho City, Idaho.

Subscribed and sworn to before me this 28th day of April 1941

Leo Baker
Notary Public

Notary Public for Idaho
Residence, Boise, Idaho
My commission expires Aug. 1, 1944

C.C. 4, 28, 41, W. H.

255-127-001-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67364

County of Ada

City of Boise

No. ——— St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 72

Hospital St. Alphonsus

FULL NAME OF CHILD James Herbert Seely

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2-27-1919

FATHER		MOTHER	
FULL NAME	J. C. Seely	FULL MAIDEN NAME	Ada I. Matthews,
RESIDENCE	Grandview, Idaho	RESIDENCE	Grandview, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.50 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 3/10 1919 [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-125-001-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67365

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 71

Hospital St Alphonsus

FULL NAME OF CHILD Charles Leroy Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	2 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Curtis	FULL MAIDEN NAME	Katherine M. Barker
RESIDENCE	Placerville Ida	RESIDENCE	Placerville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	St Maries Md	BIRTHPLACE	North Hampton Eng
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~) at 3 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Hardy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 916 State St Boise Id

Filed 3/10 1919 L P Firman

Registrar

Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

797-105-001-997

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67366

County of Ada

City of Boise

No. 1809 N. 9th St.

Hospital ——

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 70

FULL NAME OF CHILD Jack Piper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 — 5 — 1919

FATHER		MOTHER	
FULL NAME	John Piper	FULL MAIDEN NAME	Lena B. Riggs
RESIDENCE	812 Brumback St., Boise	RESIDENCE	812 Brumback, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 p. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 3/10 1919 L. E. Pfirman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 1-C—15m-6-20-11

459-101-001-5-74

County of Ada

City of Boise

No. 217½ So 9 St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

67367

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 59

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	3 9 1919

FATHER		MOTHER	
FULL NAME	Juan B Dermensolo	FULL MAIDEN NAME	Beneti Eguia
RESIDENCE	217½ So 9th	RESIDENCE	217½ So 9th
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Vatting Ex

Overland Bldg.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed 3/10 1919 [signature] Registrar

Registrar

S-Y CO., 16670

dup of 1919-3[illegible]1617

945-128-001-793

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH
Name added 1/22/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67368

County of Ada

City of Boise

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 1004

Registered No. 68

Hospital St. Luke

FULL NAME OF CHILD Harold LeRoy Rue

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	0		1	yes	Feb 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira W ~~La~~ Rue	FULL MAIDEN NAME	Ona Hazel Pickett
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 Mo Carty Blvd

Filed 3/6 1919 L A Groman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 67368
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rue (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 28, 1919 (Date of Event)

in Boise, Idaho (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Harold LeRoy Rue

Subscribed and sworn to before me this 22 nd day of November, 1979.

Notary Public, David Lowe

Residing at Meridian Idaho

My commission expires [illegible]

(Seal)

* Edith Rue
Signature of Applicant

+ _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

in office 1/18/79

Insurance Identification Card for Harold L. Rue, Policy #75 6680 24 48 70 GMC Farmers Insurance Group, Boise, Idaho, dated 08-73--viewed by VS

Marriage certificate on file Idaho #52-16660 for Harold LeRoy Rue and Edith Fuller, dated January 19, 1952.--viewed by VS

PLACE OF ~~BIRTH~~ 395.224.001-415

County of Ada

City of Boise

No. 1208 Jeff. St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67369

Primary Registration District No. 1004 Registered No. 67

Full Name of Child VERDA ILENE LINGSCHEIT

SEX OF CHILD: Fem	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth: 4 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Feb. 24 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	F. A. Lingscheit	FULL MAIDEN NAME	Cora E. Davis
RESIDENCE	Filer Idaho.	RESIDENCE	Filer Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	So Dakota
OCCUPATION	Rancher	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

K

Registrar

Address Boise Idaho.

Filed 3/7 1919 L. P. Firman

Registrar

AUG 2 7 2018

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of YAMHILL }

Certificate No. 67369

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for _____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on FEB. 24, 1919 (DATE OF EVENT) in BOISE, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Verda Ilene Lingscheit

Subscribed and sworn to before me this 22nd day of December, 1942.

Edward R. Jackett

Notary Public, residing at Sheridan, Ore.

My commission expires Oct. 1, 1944

(SEAL)

Signed Cora E Lingscheit

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R#2 SHERIDAN, OREGON

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of YAMHILL }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of December, 1942.

Edward R. Jackett

Notary Public, residing at Sheridan, Ore.

My commission expires Oct. 1, 1944

(SEAL)

Signed Frank A. Lingscheit

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R#2 SHERIDAN, OREGON

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

DEC 28 1942

JUL 29 1983

PLACE OF BIRTH

799-207-001-293

County of Ada

City of Boise

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

amended Nov. 14, 1980

Registration District No. 2

File No. 67370

Primary Registration District No. 1004

Registered No. 66

Full Name of Child Emma Myrtle Priest

SEX OF CHILD: Fem.	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births) and Number in order of birth: 2	Legitimate? Yes	DATE OF BIRTH: 3 (Month) - 7 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira B. Priest	FULL MAIDEN NAME	Lena Silkey
RESIDENCE	Murphy Ida.	RESIDENCE	Murphy Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed 3/7 1919 L P Herman Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Owyhee } ss.

Certificate No. 67370
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Priest (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 7, 1919 (Date of Event)

in Boise, ID (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Emma Myrtle Priest

Subscribed and sworn to before me this 14th day of November, 1980.

Notary Public, Larry L. Larson
Residing at Homedale, Idaho
My commission expires 3-25-81
(Seal)

(Priest)
Emma Myrtle Hastriter
Signature of Applicant
Box 109 Homedale, Idaho 83628
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

11/13/80

Marriage certificate lists bride as Emma Myrtle Priest. Married October 8, 1940, in Canyon County, Idaho.
viewed by vs November 14, 1980

Nampa High School diploma, Idaho, lists Emma M. Priest as a graduating xxxxx senior. Dated May 19, 1938.
viewed by vs November 14, 1980

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-212-005-219

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67371

County of Benewah

City of St.Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 13

Hospital

FULL NAME OF CHILD Barden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 12 1919

FATHER	MOTHER
FULL NAME: Erastus Barden	FULL MAIDEN NAME: Emily Kardell
RESIDENCE: StMaries Idaho	RESIDENCE: St.Maries Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 62 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Oswego,N.Y.	BIRTHPLACE: Providence,R.I.
OCCUPATION: Contractor	OCCUPATION: Housewife

Number of child of this mother, including present birth 19th

Number of children of this mother now living, including present birth 11th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.30A.M. on the date above stated.

(Signature) C B Smith

Physician (Physician or midwife)

Address St.Maries,Idaho.

Filed 4—3 1919 H E Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

APR 1 7 1973

658-220-94-899

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-1[redacted]

CERTIFICATE OF BIRTH

County of Canyon

City of Vampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. 67373

Primary Registration District No. 2006

Registered No. _____

FULL NAME OF CHILD Barbara Adeline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Albert Weyer	FULL MAIDEN NAME	Nancy M. Hironimous
RESIDENCE	Vampa, Ida	RESIDENCE	Vampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Washington State
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George R. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address 214 18th Ave. Vampa

Filed Apr. 10 1919 Pearle Dodds
Registrar

_____
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 18

[redacted]

County of [redacted] CERTIFICATE [redacted]

City of Melba

Registration District No. 7

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Jewel Tiffany.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
MALE	X		X	yes.	Feb. 25th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. H. Tiffany	FULL MAIDEN NAME	Lavern Allred.
RESIDENCE	Melba Ida	RESIDENCE	Melba, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Ranchman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr. 10 1919 Pearle Dodds Registrar

S-Y CO. 24656

SEP 12 1969

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Melba
(c) Street Address or R.F.D. No. R#1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. — days.
In THIS county 13 years — months — days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Melba
(d) Street Address or R.F.D. No. R#1
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address (For registration notice): Melba R#1
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jewell Charles Tiffany

5. Date of Birth (Month, day, year) 2-25-1919

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Hyram Tiffany

11. Color or Race White **12.** Age at time of THIS birth 38 yrs.

13. Birthplace Salem Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LaVern Allred

17. Color or Race White **18.** Age at time of THIS birth 34 yrs.

19. Birthplace Beaver City Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 Sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. LaVern Tiffany (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's OWN signature Geo. D. A. Wilson M.D. (D.O., Midwife, etc.)
and address Rupert, Idaho Date 2/2/42.

JUL 1 4 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

366-123

PLACE OF BIRTH

014281

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. C. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

67375

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD LUTHER JUNIOR COOK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	+		+	Yes	March (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther Cook	FULL MAIDEN NAME	Agnes Sharp
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr. 10 1919 Pearle Dodds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of Klamath }

JAN 16 1942

Certificate No. 67375
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Cook (Name on original certificate) who was born (Was born or died) on March 23, 1919 (Date of event)
in Nampa, Idaho (on farm about 7½ miles South) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cook	Luther Junior Cook

Subscribed and sworn to before me this 8th day of January, 19 42

Grace Hazek

Notary Public, residing at Klamath Falls, Oregon

My commission expires NOTARY PUBLIC FOR OREGON [SEAL]
COMMISSION EXPIRES JAN. 3, 1944

Signed Mrs. Agnes Cook (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

615 Oak Street, Klamath Falls, Oregon
(Street Address, City, State)

MY COMMISSION EXPIRES JAN. 3, 1944

AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Klamath }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 19 42

Grace Hazek

Notary Public, residing at Klamath Falls, Ore

My commission expires Jan. 3, 1944 [SEAL]

Signed Mrs Sam Long
(Signature of any credible person other than the previous affiant.)

Tule Lake, California
(Street Address, City, State)

Received for filing on JAN 16 1942 By
(Registrar's signature)

1944

868-127-DX-498

PLACE OF BIRTH

Form V. S. No. 11-C—25M-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67376

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Theodore Roosevelt Young

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural birth) | Number in order of birth | Legitimate? Yes | Date of Birth: Feb 27 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Earl C. Young

RESIDENCE: Nampa R.D. #3

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Ditch rider

MOTHER

FULL MAIDEN NAME: Irene E Bryant

RESIDENCE: Nampa R.D.

COLOR: white AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed Apr. 10 1919 Pearle Dodder Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-116-014-294

PLACE OF BIRTH

Country

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R R No 4 St.

Hospital x

Registration District No. 7

File No. 67377

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD x Harold Eugene Harris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Feb 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Harris	FULL MAIDEN NAME	Doris Simmons
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed April 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

FEB · 9 1972

2-9-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... } MAR 29 4 41 PM '72

Certificate No. 67377

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Harris (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Harold Eugene Harris

Subscribed and sworn to before me this 18th day of
March, 1972

Notary Public, residing at Los Molinos
My commission expires November 7, 1975
(Seal)

Signed Edgar P Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

24 Yolanda Ave Chico, CA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tehama }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
March, 1972

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary M. Mason
(Signature of Any Credible Person)

Los Molinos, CA 96055
(Street Address, City, State)

FORM DH 60-155

MAR 29 1972

Order to report Preinduction Physical Examination dated March 6, 1945 gives name as Harold Eugene Harris . Order No. 895. Viewed by V. S.

Insurance Application to Order of Railway Employees gives name as Harold E. Harris date of birth is smeared. dated 6-25-46. Viewed by V. S.

892-202-01K 791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67378

County of Canyon

City of .....

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Hibbard

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Apr 2 (Month) (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Earl Hibbard	FULL MAIDEN NAME	Ruth Gray
RESIDENCE	Nampa R.D.	RESIDENCE	Nampa R.D.
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr. 10 1918 Pearle Dodds Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-101-037-219

PLACE OF BIRTH

County of Bowyer

City of Wilson

No. ..... St.

Hospital .....

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

67979

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Robert Bailey Keith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Apr 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E Keith	FULL MAIDEN NAME	Blanche Bailey
RESIDENCE	Wilson Ida	RESIDENCE	Wilson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher-Stockman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Ida

Filed Apr. 10 1919 Pearle Dodds
Registrar

Registrar

S-Y CO. 24558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 67379

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Keith (Name on Original Certificate) who was born (Was Born or Died) on 4-1-19 (Date of Event)
in Wilson (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by # 432490 prepared on , are:
Cert. of Membership (Bible Record, Insurance Policy, Etc.) Grand Lodge of A.F. & A.M. (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Dental Application Card	4-21-50	
Child's Name	Unnamed Viewed by V.S.	Robert Bailey Keith

Subscribed and sworn to before me this 19th day of March, 1957

Donald C. Dalton
Notary Public, residing at Nampa, Idaho
My commission expires 3-1-1961
(Seal)

Signed Blanche B Keith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Melba, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1957

Notary Public, residing at Nampa, Idaho
My commission expires 3-1-1961
(Seal)

Signed Ralph E Bailey
(Signature of Any Credible Person)
Star Route Melba Idaho
(Street Address, City, State)

FORM DPH 55. 155

MAY 2 [illegible]

4/2-21/101 V-69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital Nampa General

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 7

File No. 67380

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Jean Ellen Mason

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	—	yes	March 11 1917

FATHER		MOTHER	
FULL NAME	Oscar Young Mason	FULL MAIDEN NAME	Emma Julia Weigand
RESIDENCE	Caldwell, Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indian Territory	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing M. D.

(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Apr. 18, 1917 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819.2—2.014—239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67381

County of Canyon

City of Nampa

No. 214 5th Ave. So.

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Hanop, Evelyn Martha

Sex of Child: Girl | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: 2 (Month) 22 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	S.W. Hanop	FULL MAIDEN NAME	Lela Stith
RESIDENCE	214 5th Ave So	RESIDENCE	214 5th Ave So
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H.C. Robinson

(Physician or midwife)

Address Nampa

Filed Apr. 10 1918 Pearle Dodds
Registrar

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

10-4-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 3 00 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 67381

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Baby Harrop (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22 1919 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Evelyn Martha Harrop

Subscribed and sworn to before me this 4th day of October, 1973

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Joe Neff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

OCT 10 1973

High School Diploma gives name of mother as Evelyn Martha Harrop child

graduated from Ogden High School in Ogden, Utah on May 29, 1936.
W. Karl Hopkins, Supt.
Viewed by V.S.

Own childs birth certificate on file with state of Idaho gives name of mother as Evelyn Martha Harrop. Child born Feb. 6, 1940 in Nampa, Idaho State file # 290451.
Viewed by V.S.

253-111-014-299

PLACE OF BIRTH

County of Canyon

City of Kuna

No. ..... St.

Hospital Nampa Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 67382

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD John T Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	3 11 1915

FATHER		MOTHER	
FULL NAME	J H Bell	FULL MAIDEN NAME	Beulah Kringel
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4-45 A. M.

(Signature) Dr. H E Robinson

(Physician or midwife)

Address Nampa

Filed Apr. 10 1915 Pearle Dodds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6

916-108-014-698

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.R. 1, St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 67383

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD John F Raff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	3 8 1919

FATHER	MOTHER
FULL NAME Fred Raff	FULL MAIDEN NAME Mary Wihlhelm
RESIDENCE Nampa R.R.1.	RESIDENCE Nampa
COLOR W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-45 P.M. on the date above stated.

(Signature) Dr H E Robinson

(Physician or midwife)

Address Nampa

Filed Apr. 10 1919 Pearle Doddel
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1949

168.205.016-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of ✓

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

67384

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Blanche Alma Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	April 5 (Month) (Day) 191 9 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville Johnson	FULL MAIDEN NAME	Magdelena Dabowski
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing M. D.

(Physician or midwife)

Address: Nampa, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Apr. 10 1919 Pearle Dodds

Registrar

JAN 7 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

256.2200-014-315

County of Canyon

City of Melba

No. ---- St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67385

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child Baby Knox WINIFRED LANSING KNOX

SEX OF CHILD Fr	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 3 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C D Knox	FULL MAIDEN NAME	Clara Lancing
RESIDENCE	Melba	RESIDENCE	Melba
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	H wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6-00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H C Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Nampa

Filed Apr. 10 1919 Pearle Dodds

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 67385

SEP 14 1942
Date Filed

The undersigned solemnly swear that certain facts on the certificate of
for Winifred Lansing Knox who Born on Mar 20 1919
(Original Certificate) (Was Born or Died) (Birth ~~or Death~~) (Date of Event)
in Melba Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on Mar 19 19, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Winifred Lansing Knox

Subscribed and sworn to before me this 11th
day of Sept, 1942

Clay LaTodd
Notary Public, residing at Melba, Ida
My commission expires Oct 10th 1945
(Seal)

Signed Lelara M Knox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Melba Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of Sept, 1942

Notary Public, residing at Melba Ida
My commission expires Oct 10th 1945
(Seal)

Signed Martha A. Teeple
(Signature of Any Credible Person Other Than Previous Year)

Gen. Del. Melba, Ida
(Street Address, City, State)

SEP 16 1942

MAR 14 1959

65-123-014-84

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67386

County of Canyon

City of Nampa

No. 601 19th Ave. So.

Registration District No. 7

Primary Registration District No. 1006

File No.

Registered No.

Hospital

FULL NAME OF CHILD Louis B. Werner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 23 1919

FATHER

FULL NAME: O. W. Werner

RESIDENCE: Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Rural mail carrier

MOTHER

FULL MAIDEN NAME: Minnie Shulz

RESIDENCE: Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Address 219 15th Ave S. Nampa

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 10 1919 Pearle Dodds Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 17 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

RECEIVED NOV 17 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 601 19th Ave So
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 10 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 601-19th Ave So
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis B. Warner

5. Date of Birth (Month, day, year) Mar 23, 1919

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME B. W. Warner

11. Color or Race White **12.** Age at time of THIS birth 37 yrs.

13. Birthplace R D Lamberton Minnesota
(City or Town) (State or foreign country)

14. Exact Occupation Rural mail carrier

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Schulz

17. Color or Race White **18.** Age at time of THIS birth 35 yrs.

19. Birthplace Germany
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1030 A M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs Warner, who is
(First name) (Last name)
related to this child as mother
(Mother, etc.)

26. (a) ..... (b) .....
(Date received) (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** Geo. R. Proctor M.D.
(D.O., Midwife, etc.)
and address Nampa Ida Date Nov 13, 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299.119.014-265

PLACE OF BIRTH

City

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 67387

No. ..... St.

Primary Registration District No. 1006

Registered No. .....

Hospital Sist of Mercy

FULL NAME OF CHILD Murl Adonis Bright

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x (To be answered only in event of plural births)	x	Yes	Feb 19 1919

FATHER	MOTHER
FULL NAME: Fred M Bright	FULL MAIDEN NAME: Ida M. Bower
RESIDENCE: Nampa Ida	RESIDENCE: Nampa Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: ~~Calif~~ No. Carolina	BIRTHPLACE: Ind.
OCCUPATION: R R Fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M D

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report.

..... 19.....

Filed Apr. 10 1919 Pearle Dodds

S-Y-CO 38071

Registrar

Registrar

K

859-118-014-942

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67388

County of Canyon

City of Nampa

No. 224-16 Ave. S. St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Robert William Heithecker

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth March 18, 1919. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vinta Heithecker	FULL MAIDEN NAME	Jessie Ruse.
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Nampa Idaho
OCCUPATION	Asst. Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. D. By A. P.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr. 10 1919 Pearle Dodds.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/8/41 L. B.

445-224-014-864

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 322-14th Ave N ~~St.~~

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67389

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Edith Helen Dunn

Sex of Child F

Twin Triplet or other? ✓ and Number in order of birth ✓
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Mar. 24 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jefferson Dunn	FULL MAIDEN NAME	Edith Hazel Young
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Louisiana	BIRTHPLACE	Caldwell, Ida.
OCCUPATION	Chauffeur	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed Apr. 10 1919 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1953 APR 6 1956

CHILD'S FIRST & MIDDLE NAME ADDED 2-25-2009 CMW

215-213-014-343

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67391

County of Canyon

City of Nampa

No. 314. 19th Av So. St.

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

Hospital MILDRED FRANCES

Full Name of Child Baby Sanders

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 3 (Month) 13 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	T. O. Sanders	FULL MAIDEN NAME	Lucy Tilford 1919
RESIDENCE	314. 19th Av So	RESIDENCE	314. 19th Av So
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	RR Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Nampa

Filed Apr 10 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1919-67391
Date Filed 05/10/1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed Sanders (Name on Original Certificate) who was born (Was Born, Died, etc.) on 03/13/1919 (Date of Event)
in Nampa (Canyon Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	None	Mildred
child's middle name	None	Frances

Subscribed and sworn to before me this 10th day of February 2009
Notary Public, Virginia E Pullen
Residing at Lebanon, OR 97355
193 E Vine St
My commission expires 1-2-12
(Seal)

Donald Bayne Jr.
Signature of Applicant

34012 McFarland Rd Tangent Ore
Street Address, City, State and Zip
97389

OFFICIAL SEAL
VIRGINIA E PULLEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 424139
MY COMMISSION EXPIRES JANUARY 21, 2012

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ }
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

January 22, 2009 NAMPA CHURCH OF THE BETHREN CRADLE ROLL CERTIFICATE MILDRED FRANCES SANDERS NAME ENROLLED 4-3-1921 VIEWED BY VS
USA DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS NOTIFICATION OF BIRTH REGISTRATION DONALD LEE BAYNE, JR. BORN 5-7-1939 IN ALBANY, OREGON VIEWED BY VS

LICATE BIRTH CERTIFICATE FILED. #67902 WAS VOIDED #67391 IS NOW ON FILE 2/25/09 DHS

719-101-014-536

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 67392

Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Parson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 1 1919

FATHER

FULL NAME: S. E. Parsons

RESIDENCE: Nampa Idaho

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Express Office manager.

MOTHER

FULL MAIDEN NAME: Susie Newton

RESIDENCE: Nampa Idaho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Colorado.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 20 a. M. on the date above stated.

(Signature) F. B. Smith M. D. By A. P.

(Physician or midwife)

Address ____

Filed Apr. 10 1919 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-104-029-343

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Harold C. Doyle~~ HAROLD COLLINS DOYLE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C—25m-9-8-17

67393

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 26

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mch 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Percy Doyle	FULL MAIDEN NAME	Nellie Collins
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed April 8 1919 W. H. Carothers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67393

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harold Calvin Doyle
	correct-	Harold Collins Doyle

Subscribed and sworn to before me this 26th day of June, 1942

Martin S. Mickey

Notary Public, residing at Moscow Idaho

My commission expires Feb 4-1944
(Seal)

Signed Mrs Percy Doyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3- Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 29 1942

JUN 30 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[redacted]

[redacted] STATISTICS

County of Lat[redacted]

CERTIFICATE OF BIRTH

67394

City of Moscow

Registration District No. 61 File No.

No. 368-221-029-238 St.

Primary Registration District No. 1011 Registered No. 28

Hospital

FULL NAME OF CHILD DOROTHY MARIE JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mch 21 1919

FATHER		MOTHER	
FULL NAME	Robert Johnson	FULL MAIDEN NAME	Ellen A. ~~Schu~~ Schumacher
RESIDENCE	Dubois, Idaho	RESIDENCE	Dubois, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	South Carolina	BIRTHPLACE	Moscow, Idaho
OCCUPATION	U.S. Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:0 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

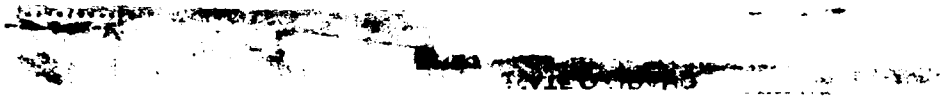
Address Moscow, Idaho

19

Filed April 8 1919 W. H. Carrithers

Registrar

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. 67394

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Marie Johnson (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1918 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Marie Johnson
Mother's maiden name	Schumacker	Schumacher
Birth Date	March 21, 1918	March 21, 1919

Subscribed and sworn to before me this 1st day of July, 1943

Notary Public, residing at Moscow Idaho.

My commission expires Oct. 27, 1943
(Seal)

Signed Emma Schumacher Aunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

617 S Washington Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo
County of Lincoln } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Aug, 1943

Notary Public, residing at Kemmerer, Wyoming

My commission expires My Commission Expires March 18, 1944
(Seal)

Signed Robt. E. Johnson
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 19 1943

AUG 1 9 1943

466-230-029-847

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. ...

67395

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 29

FULL NAME OF CHILD DOROTHEA MAE DOWNING

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mch. 30 1919

FATHER		MOTHER	
FULL NAME	Howard Walter Downing	FULL MAIDEN NAME	Georgie Mee Lee Hupp
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	California
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Apr 8 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 67395

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dorothea Mae Downing (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN ~~OR DIED~~) on Mar 30 1919 (DATE OF EVENT)
in Moscow Idaho (PLACE OF EVENT) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothea Mae Downing

Subscribed and sworn to before me this ____ day of ____, 19 ____.

Notary Public, residing at ____

My commission expires ____
(SEAL)

Signed Howard W. Downing
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of ____, 19 42

W E Thayer
Notary Public, residing at Post Falls

My commission expires April 1 - 1946
(SEAL)

Signed Georgia M. Rupp, Downing
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Post Falls Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

MAR 2 5 1970

DEC 3 1 1942

847-111-229-593

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
U OF VITAL STATISTICS
RTIFICATE OF BIRTH

Form V. S. No. 6

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 67396

Registered No. 25

FULL NAME OF CHILD Alan Nichols Hugo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch 11 1919

FATHER		MOTHER	
FULL NAME	Charles J. Hugo	FULL MAIDEN NAME	Jessie Nichols
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Illinois	BIRTHPLACE	Emporia, Kansas
OCCUPATION	Automobile Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed March 20 1919 W. H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

238-209

PLACE OF BIR[redacted]OARD of HEALTH

029-796

County of Latah

City or Town of Moscow

BUREAU OF [redacted] STATISTICS

Record No. 67397

File No.

Registered No. 27

IDAHO CERTIFICATE OF BIRTH

Registration Dist. No. (No. , St.; Ward)

FULL NAME OF CHILD Genevieve Henrietta Schmidt { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth
Female				Yes	March (Month) 9 (Day) 1919 (Year)

FATHER	MOTHER
Full Name: Fredrick Ingvald Schmidt	Full Maiden Name: Henrietta Augusta Gr[illegible]
Residence: ~~White~~ Moscow Idaho	Residence: Moscow Idaho
Color: White — Age at last Birthday 25 (Years)	Color: White — Age at last Birthday 24 (Years)
Birthplace (State or Country): Minnesota	Birthplace (State or Country): Iowa
Occupation: Minister of Religion	Occupation: House Wife.

Number of child of this mother 1 Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on March 9 1919, *at* 1 P.M

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report

(Signature) J W Stevenson

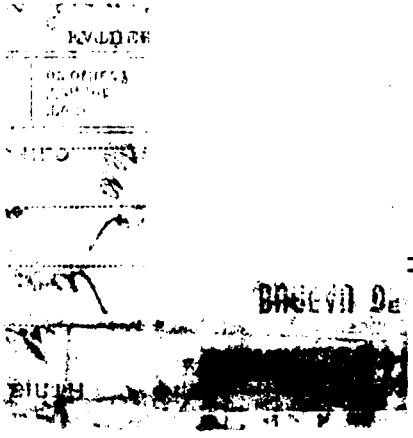
Physician (Physician or Midwife)

Address Moscow Id

Filed April 8, 1919 W S Hearthers Registrar.

Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.



318-218-014-453

For [redacted] 25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67398

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 23

Hospital

FULL NAME OF CHILD Helen Ethel Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	March 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M Taylor	FULL MAIDEN NAME	Alice E Metcalf
RESIDENCE	Kuna Ida	RESIDENCE	Kuna
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 15/6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldrop MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 1 1919 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U.S. Patent No. 11,6

613-228-014-319

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67399

County of Canyon

City of Fargo Precinct

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 24

Hospital

FULL NAME OF CHILD Margaret Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes.	Mch 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Walker	FULL MAIDEN NAME	Emily Carr
RESIDENCE	Caldwell R. 6.	RESIDENCE	Caldwell R. 6.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 4/1 1919

Registrar

Registrar

S-Y-CO. 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-104-014-755

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67400

County of Canyon

City of Parma R.D.

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2007

Registered No. 25

Hospital

FULL NAME OF CHILD Ira Laverne Kerr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Feb. 4 1919

FATHER	MOTHER
FULL NAME Ira Kerr	FULL MAIDEN NAME Tilda Gentry
RESIDENCE Parma R.D.	RESIDENCE Parma R.D.
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ark.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Address Parma Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Feb 11 1919 Ruby Waldorf

Registrar

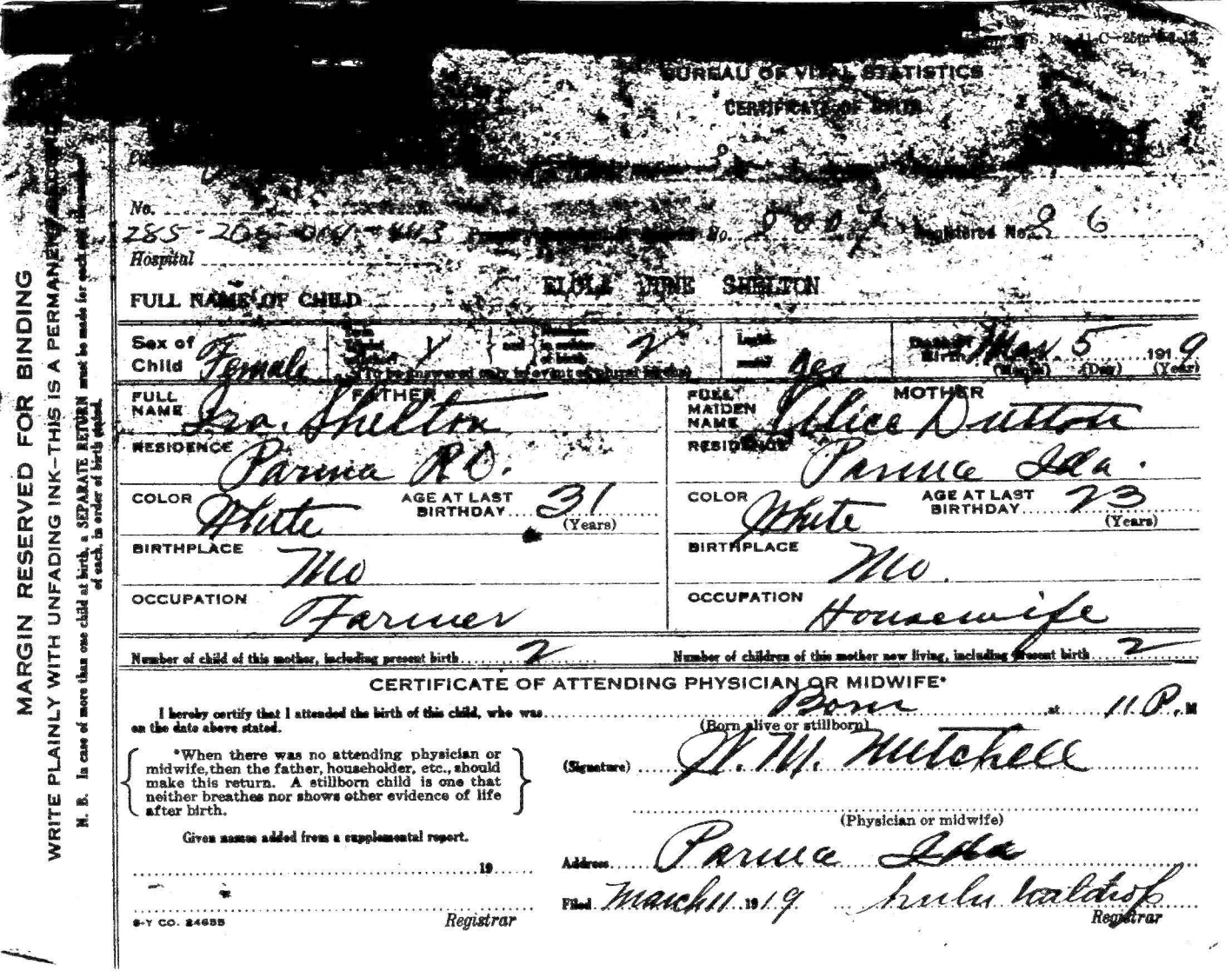
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

APR 26 1948



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

[illegible] S. No. 11-C—25m [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

No. 285-206-014-443 [illegible] No. 2007 Registered No. 26

Hospital

FULL NAME OF CHILD ELOLA JUNE SHELTON

Sex of Child: Female	Born [illegible] 1 and [illegible] 2 (To be answered only in event of plural [illegible])	Legitimate: Yes	Date of Birth: May 5 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ira Shelton	FULL MAIDEN NAME: Alice Dutton
RESIDENCE: Parma R.O.	RESIDENCE: Parma Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

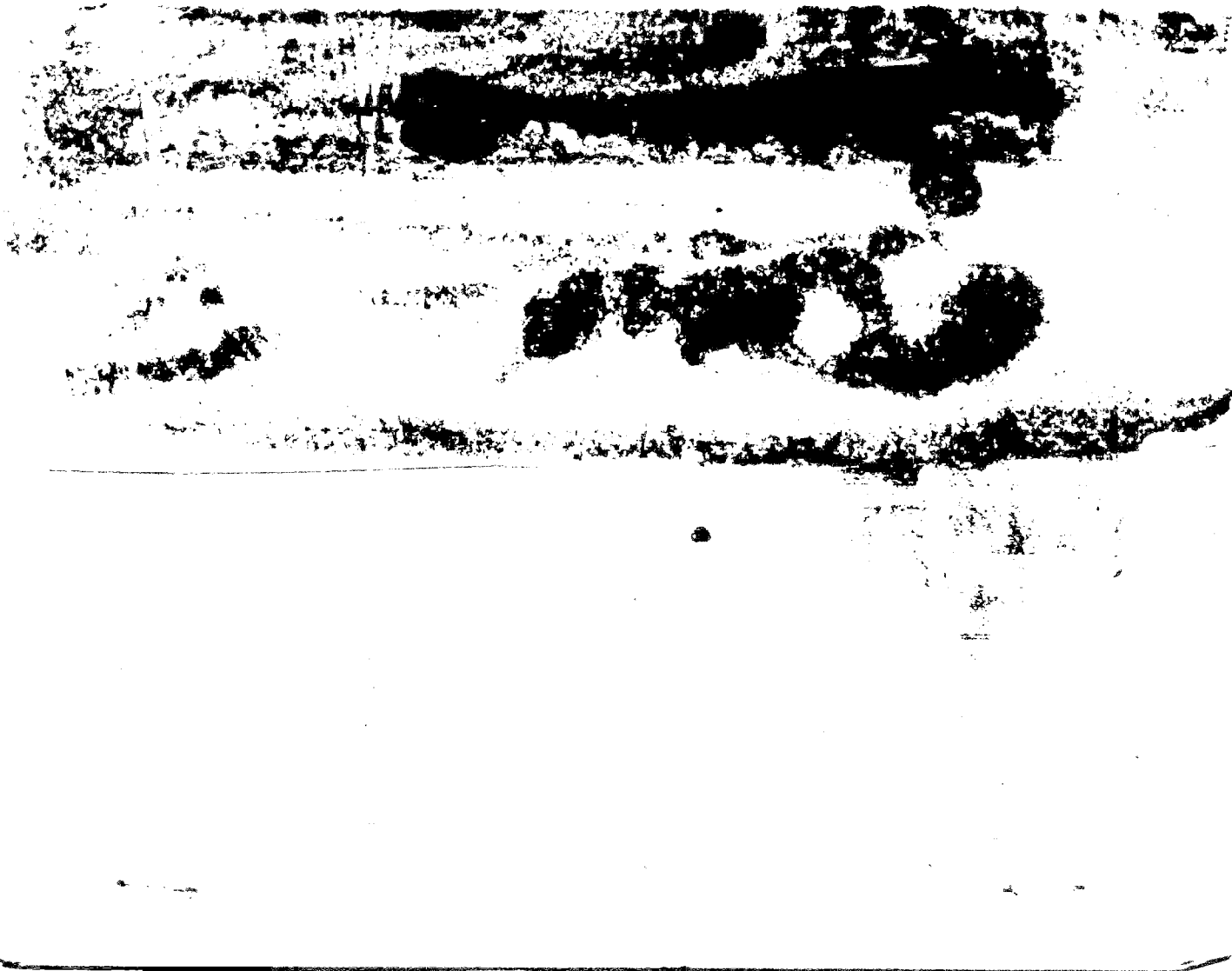
..... 19....

Address Parma Ida

Filed March 11 1919 Lulu Waldrop
Registrar

Registrar

S-Y CO. 24655



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67401
County of Canyon } Date Filed FEB 5

The undersigned does solemnly swear that certain facts on the certificate of Sheltons (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 5, 1919 (DATE OF EVENT)
in Canyon Co. Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Elota June Shelton

Subscribed and sworn to before me this 27th day of January 19 42

Notary Public, residing at Parma, Idaho

My commission expires 1-20-44
(SEAL)

Signed Mrs Ira Shelton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 42

Notary Public, residing at Parma, Idaho

My commission expires 1-20-44
(SEAL)

Signed Orville Nelson Shelton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Parma, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 1942 By .....
(REGISTRAR'S SIGNATURE)

1972

FEB 13 1975

625-106-964-2340

No. 11-L-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67402

County of Canyon

City of Parma R.O.

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 27

Hospital

FULL NAME OF CHILD ROBERT OTTO OBENDORF

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	6	Yes	Mar 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto Obendorf	FULL MAIDEN NAME	Lotta Stute
RESIDENCE	Parma Ida.	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

19

Address [illegible]

Filed March 11 1919 Lulu Waldrop
Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Parma R.D.

Registration District No. 3

File No. 67403

No. ..... St.

Primary Registration District No. 2007

Registered No. 28

Hospital .....

FULL NAME OF CHILD James Stephen Yates

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	3	Yes	Mar 8 (Month) (D[illegible])

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur H. Yates	FULL MAIDEN NAME	Margaret Taylor
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ida

Filed 3-11 1919 Lulu Waldo[illegible]

Registrar

Re[illegible]

S-Y CO. 24655

818-709-014-46

[redacted] 11-C—25m-1-1-18

[redacted]

City of Parma R.D.

Registration District No. [redacted] Full No. [redacted]

No. ..... St.

Primary Registration District No. 2007 Registered No. 29

Hospital .....

FULL NAME OF CHILD George Lester Hayton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)	1st.	yes	Mar 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles V. Hayton	FULL MAIDEN NAME	Etta M. Mosier
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 8 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ida

Filed 3-11 1919 Kirby Waldrop

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

299-215-021-5353

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67405

County of ...Franklin.....

City of ...Preston, Idaho

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 63

FULL NAME OF CHILD ..... Thelma Leone Bright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	P. Leon Bright	FULL MAIDEN NAME	Bertha Nelson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Glendale Franklin Co, Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth ....2.... Number of children of this mother now living, including present birth ....2....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive (Born alive or stillborn) ..... at 5,30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Geo. States

..... Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... Preston, Idaho

..... Registrar

Filed ..... 19.....

Dorothy Curtis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACI

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 1 2 01 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 67405

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bright (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 15, 1919 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thelma Leone Bright

Subscribed and sworn to before me this 25th day of Nov., 1975.

Notary Public, residing at Salt Lake City, Ut.

My commission expires 1979

(Seal)

Signed Dean Bright Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 - Filer Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

1352 W 4200 S SLC Utah
(Street Address, City, State)

FORM DH 60-155 CL 10/29/75 nm

High school diploma from Preston Senior High school, Preston, Idaho gives name as Thelma Leone Bright. dated May 28, 1937. viewed by V. S.

DEC

Letter from the LDS church, Taylorsville Third Ward Bishopric, Taylorsville Stake Salt Lake City, Utah gives name as Thelma Leone Sorensen. born March 15, 1919 in Preston, Idaho to Preston Leon Bright and Bertha Johanna Nelson. viewed by V. S.

851-218-021-415

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 21

File No. 67406

Registered No. 62

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Head	FULL MAIDEN NAME	Rachel Davis
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Mapleton, Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed Apr 3 19..

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-119-021-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17

CERTIFICATE OF BIRTH

County of ....Franklin.....

City of ....Preston.....

No. .....St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67407

Registered No. 1

FULL NAME OF CHILD .....LEON DALE ALLRED.....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar. 19, 191.9 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Parley V. Allred	FULL MAIDEN NAME: Pearl Packrell
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: St Charles, Idaho	BIRTHPLACE: Randolph, Utah.
OCCUPATION: Grain Merchant	OCCUPATION: Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .....Born Alive..... (Born alive or stillborn) at 2.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....G. W. Hales.....

.....Physician.....
(Physician or midwife)

.....19.....

Address .....Preston, Idaho.....

.....
Registrar

Filed .....19.....

.....D. A. Russell.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/19/41 L. P.

114-125-021-114

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 3119

File No. 67408

Registered No. 60

FULL NAME OF CHILD Vivian Jamison Jamison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar, 25 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Henry Jamison	FULL MAIDEN NAME	Mary A Jamison
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Millville, Utah	BIRTHPLACE	Iaswell Co Virginia
OCCUPATION	Farmer & Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1,40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed Apr 8 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1343

JUN 14 1993

553-127-021-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67409

County of Franklin

City of Nashville

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 59

FULL NAME OF CHILD Kedrith D. Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harvey Mareo Neeley	FULL MAIDEN NAME	Verda Doney
RESIDENCE	Nashville, Idaho	RESIDENCE	Nashville, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Registrar

Filed Apr 8 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/13/41. n.b.

318-129-021-599

PLACE OF BIRTH

Form V. S. No. 11-C—2[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67410

Registered No. 5-8

FULL NAME OF CHILD Leon Erickson Taylor

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar, 29 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Taylor	FULL MAIDEN NAME	Anna Erickson
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	White	COLOR	Danish
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Fairview, Idaho	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5, 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Registrar

Filed Apr 18 1917 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 19 1943

546-131-021-219

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 14-C—25m-9-6-17

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 67411

Primary Registration District No. 2119 Registered No. 57

FULL NAME OF CHILD LYMAN JAMES EDWARDS

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar. (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	V.B. Edwards	FULL MAIDEN NAME	Hattie Barrington
RESIDENCE	Riverdale, Idaho	RESIDENCE	Riverdale, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mink Creek, Idaho	BIRTHPLACE	Riverdale, Idaho
OCCUPATION	Blacksmith	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3, 15, A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staats

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Registrar

Filed Feb 19 19 D A Reilly Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 25

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 67411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on March 31 1919 (Date of Event)
in Riverdale, Franklin Co, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Lyman James Edwards

Subscribed and sworn to before me this 20
day of February 1947
Geo O Kirby
Notary Public, residing at Rigby Idaho
My commission expires 5/1/1947
(Seal)

Signed Vernon B. Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of February 1947
Geo O Kirby
Notary Public, residing at Rigby Idaho
My commission expires 5-1-1947
(Seal)

Signed Richard A Gough
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 415-205-021-759 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 67412

Primary Registration District No. 2119

Registered No. 56

FULL NAME OF CHILD Agnes Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar. 5 1919

FATHER		MOTHER	
FULL NAME	Reese John Davis Jr.	FULL MAIDEN NAME	Mary Ann Perry
RESIDENCE	Preeton Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:45 A. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Registrar

Filed Apr 1 1919 D. A. R. Cutler Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 13 1971 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 67412

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1919 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Davis	Agnes Davis

Subscribed and sworn to before me this 8th day of August, 19 71

Notary Public, residing at 650 Calder

My commission expires May 27, 1974

(Seal)

Signed Mary Ann Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

122 Jefferson St Twin Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Power

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 19 71

Notary Public, residing at 650 Calder

My commission expires May 27, 1974

(Seal)

Signed Irene Oleg

(Signature of Any Credible Person)

650 Calder, American Falls, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6/24/71 1 cc pd. rec # 18035

Certificate of Blessing from LDS Church, Clifton Ward, Oneida Stake, No. 7 gives name as Agnes Davis daughter of Reese J. Jr. and Mary Perry. Born March 5, 1919 at Preston, Idaho. Was Blessed July 6, 1919 by Thos. Sant. Signed by Samuel M. Lee, Bishop and Orson Kofoed, Clerk. Viewed by V. S.

AUG 13 1971

Certificate of Baptism and Confirmation from LDS Church dated March 4, 1928 gives name as Agnes Davis daughter of Reese John Davis and Mary AnnPerry. Born March 5, 1919 at Preston, Idaho. Was Baptized Mar. 3, 1928 by Winfred Carroll and confm. a member of the Church mar. 4, 1928 by J. Arthur Swenson. Signed by Delbert E. Harris, Clerk, and Roy Wood, Bishop. Viewed by V. S.

319-113-021-264 Child's & Father's names amended 3-1-93 MCM

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of: Franklin

City of Preston Idaho Registration District No. 27 File No. 67413

No. ..... St. Primary Registration District No. 2119 Registered No. 55

Hospital ..... Seaborn Bodily Lamont

FULL NAME OF CHILD ~~LaMont Larson~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mar. 13 1919

FATHER		MOTHER	
FULL NAME	Frank A. ~~Larson~~ Lamont	FULL MAIDEN NAME	Ruth Bodily
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10; P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Apr 8 1919 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-22-93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Franklin } ss.

Certificate No. 67413
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for LaMont Larson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 13, 1919 (Date of Event)
in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	LaMont Larson	Seaborn Bodily Lamont
Father's name	Frank A Larson	Frank Alder Lamont

Subscribed and sworn to before me this 25th day of
February, 1993.
Notary Public, Linda W. Hampton
Residing at Franklin Idaho
My commission expires 1/8/98
(Seal)

x Seaborn Bodily Lamont
Signature of Applicant
x 89 N. State, Preston, ID 83263
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of
___, 19___.
Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

LDS blessing certificate shows Seborn Bodily Lamont born Mar 13, 1919 in Preston to Frank A Lamont and Ruth Bodily and blessed May 4, 1919 by Frank A Lamont. Viewed by VS MCM.

MAR 1993

LDS baptism certificate shows Seborn B. Lamont born Mar 13, 1919 in Glendale to Frank A. Lamont and Ruth Bodily and baptized Apr 1, 1927 by Frank A Lamont. Viewed by VS MCM.

ID birth certificate shows William LaMont born June 5, 1914 in Glendale to Frank A LaMont and Ruth Bodily, state file #22517. Viewed by VS MCM.

ID birth certificate shows Wade Wanner LaMont born Aug 5, 1955 in Preston to Seaborn Bodily LaMont age 36 and born in Preston and Virgil Orlene Wanner, state file #55-10282. Viewed by VS MCM.

155-209-021-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67414

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dora Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Mar 9. 9 191

FATHER		MOTHER	
FULL NAME	Oscar David Jensen	FULL MAIDEN NAME	Anna Martena Hanson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	48
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9;00A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed [illegible] 19.....

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1957

PLACE OF BIRTH

County of Franklin

City of Winder

No. 168 - 221-021-219 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 67415

Hospital Primary Registration District No. 2119 Registered No. 53

FULL NAME OF CHILD Hazel Virginia Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 21, 1919

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louis Johnson	FULL MAIDEN NAME	Dorothy Amanda Barger
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Preston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed April 8, 1919 Dr. A. R. Cutler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67415

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hazel Johnson (Name on Original Certificate) who born (Was Born or Died) on March 27, 1919 (Date of Event)
in Winder (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #43361 Cert. of Blessing (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1919 bLDS Insurance Policy (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) May 6, 1963 - viewed by S	TO (The Correct Facts)
Child's Name	Hazel Johnson	Hazel Virginia Johnson
birthdate	March 27, 1919	March 21, 1919
Mother's name	Euratta Amanda Bargu	Dorothy Amanda Barger

Subscribed and sworn to before me this 27 day of January, 19 58.
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept. 28, 1960
(Seal)

Signed Dorothy Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. # 1 Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of January, 19 58.
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept. 28, 1960
(Seal)

Signed Louis Johnson
(Signature of Any Credible Person)
R # 1 Boise
(Street Address, City, State)

FORM DPH 55. 155

1 copy pd

249-122-021-255-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 67416

Primary Registration District No. 211-7 Registered No. 52

FULL NAME OF CHILD Robert Bennett Smith

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Mar 22 19 9

FATHER		MOTHER	
FULL NAME	Robert Smith	FULL MAIDEN NAME	Doris Bennett
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Draper Utah	BIRTHPLACE	Gentile Valley Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5: A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Idaho

Filed [illegible] 19 4 [signature] Registrar

JAN 1 5 1945

595-129-021-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67417

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD VAUNDELL HYRUM NIELSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Mar 29 1919

FATHER		MOTHER	
FULL NAME	Hyrum William Nielson	FULL MAIDEN NAME	Sharah Elizabeth Larson
RESIDENCE	Glendale Idaho	RESIDENCE	Glendale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Logan Utah	BIRTHPLACE	Glendale Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed [illegible] 19[illegible] [signature]

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 67417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vaundell Hyrum Nielsen (Name on Original Certificate) who born (Was Born or Died) on March 29th, 1919 (Date of Event)
in Preston, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by certificate of blessing (Bible Record, Insurance Policy, Etc.) prepared on May 4th, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vaundell Hyrum Nielsen

Subscribed and sworn to before me this 29th
day of May 1942

Ray VanCott Jr
Notary Public, residing at Salt Lake City, Utah.
My commission expires January 13th, 1946
(Seal)

C.C. Jun 13 1946

Signed Mrs Clara Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

505 South 2nd East, Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of May, 1942

Ray VanCott Jr
Notary Public residing at Salt Lake City

My commission expires
(Seal)

NOTARY PUBLIC
Residing at Salt Lake City, Utah
My Commission Expires June 4, 1945

JUN 2 1942

Signed Hyrum W. Nielsen
(Signature of Any Credible Person Other Than Previous Year)

252 So 2nd East
(Street Address, City, State)
Salt Lake City Utah

319-213-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital Home

Registration District No. 27

File No. 67419

Primary Registration District No. 2119

Registered No. 71

FULL NAME OF CHILD Hazel Carver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Parley Leon Carver	FULL MAIDEN NAME	Hagel Smith
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Preston
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive [redacted]) at 2 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

[redacted] midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Preston Franklin Co. Idaho

Filed Apr 8 1919 D. A. R. Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Rec. phone call 8-5-63. full maiden name is to be added as Hazel Carver instead of Hazle Carver - L.D.S. Church Cert. of Blessing, Jan. 20, 1919 gives full name as Hazel Carver Cox, dtr. of Parley Leonidas Carver and Hazel Smith, born Jan. 13, 1919 at Preston, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, April 10, 1927 gives full name as Hazel Carver Cox (Cox is married name) dtr. of Parley and Hazel Smith, born April 9, 1927 at Preston, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 67419

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Carver (girl child) who was born on Jan. 13, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Blessing & Baptismal Records prepared on 1/20/19 & 4/10/27, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Hazle Carver

Subscribed and sworn to before me this 1st day of August 1963

Merrill F. Lee
Notary Public, residing at Pocatello, Idaho
My commission expires 7-13-67
(Seal)

Signed Hazle L. Carver Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1433 No. Arthur, Pocatello
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August 1963

Merrill F. Lee
Notary Public, residing at Pocatello, Idaho
My commission expires 7-13-67
(Seal)

Signed Parley L. Carver Father
(Signature of Any Credible Person)
1433 No Arthur Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-31-63. one copy pd. rec. #07931.

APR 2 1985

815-113-021-718

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Hearne

FULL NAME OF CHILD .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67420

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 70

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Jan 13 1919

FATHER		MOTHER	
FULL NAME	Albert Hanks	FULL MAIDEN NAME	Beatrice Gay
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Gloucestshire Eng.	BIRTHPLACE	Cornwald Eng.
OCCUPATION	Salesman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 535 a M. on the date above stated.

(Born alive [redacted])

(Signature) Fanny McQueen

..... (Physician or midwife)

Address Preston Franklin Co. Idaho

Filed Sept 8 19 9 D. E. Curtis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

438-119-021-249

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Heame

Form V. S. No. 11-C—25m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67421

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 69

FULL NAME OF CHILD Duncan S. McDuncan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Jan 19 1919

FATHER	MOTHER
FULL NAME James Broom McQueen	FULL MAIDEN NAME Leah Smith
RESIDENCE Preston	RESIDENCE Preston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Preston	BIRTHPLACE Derby England
OCCUPATION School Teacher	OCCUPATION Homemaker

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1220 A. M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Fanny McQueen

..... ([redacted] midwife)

Address Preston Franklin Co. Ida

Filed Apr 8 1919 Dock Curtis Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

785-130-021-816

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27

Primary Registration District No. 2119

File No. 67422

Registered No. 68

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Jan (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Maralba D. Kershaw	FULL MAIDEN NAME	Luella May Hawkes
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Laborer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 7 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

..... (~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Franklin Co. Idaho

Filed Apr. 8 1919 D. A. R. Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KERSHAW

NOT

369-124-021-235

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 2119

File No. 67423

Registered No. 67

FULL NAME OF CHILD Hyle Cleon Corbridge

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb. 24 1919

FATHER		MOTHER	
FULL NAME	Soren Corbridge	FULL MAIDEN NAME	Effie Stephens
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Battle Creek Idaho
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) Fanny McQueen

midwife

(Physician or midwife)

Address Preston Franklin Co Ida

Filed Sept. 8 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-108
035-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97 File No. 67427

Primary Registration District No. 2174 Registered No. 8

FULL NAME OF CHILD Alvin Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	V		✓	yes	3	8	1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Nettie Morris
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R H Habel

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lapwai Ida.

Filed 3/15/ 1919

William R H Habel

Registrar

Registrar

295-10-035-1914
Amended 3-2-81

PLACE OF REGISTRATION

County of Nez Perce

City of Spalding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 67428

Primary Registration District No. 2174 Registered No. 7

FULL NAME OF CHILD Laurence Lester Kress.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	1	yes.	3-10-19

FATHER		MOTHER	
FULL NAME	Henry Kress.	FULL MAIDEN NAME	Emma Zimmerman
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hart MD
(Physician or midwife)

Address Lapwai Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 3/15 1919 William P. Hart
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of NEZ PERCE

JAN 2 1 14 PM '81

Certificate No. 67428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Kress (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1919 (Date of Event)
in Spaulding Idaho (Nez Perce) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (1) OLYMPIC NATIONAL LIFE INSURANCE POLICY NO 10601 (Bible Record, Insurance Policy, Etc.) prepared on (1) FEBRUARY 19, 1949 (Give Date), are:
(2) ST. JOSEPH'S HOSPITAL (2) NOV. 15, 1964

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Charles Kress	Laurence Lester Kress

Subscribed and sworn to before me this 16th day of JANUARY, 19 82

Notary Public, residing at LEWISTON
My commission expires MAY 22, 1982
(Seal)

Signed Carrie Gibbs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

0129-26th ST. LEWISTON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of NEZ PERCE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of JANUARY, 19 81

Notary Public, residing at LEWISTON, IDAHO
My commission expires MAY 22, 1982
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

0129-26th ST LEWISTON, IDAHO
(Street Address, City, State)

FORM DH 60-155

CL 8/21/78 nm

Letter from St. Joseph's Hospital, Lewiston, Idaho gives namea Lawrence Kress. in hospital Nov 11, 1964 of Nov 15, 1964. gave birthdate as March 10, 1919 age as 45 yrs. viewed by V. SS.

Insurance policy from Olympic National Life Ins. Co. gives name as Catherine L. Kress as the Baneficiary and the insured's name as Laurence L. Kress. dated Feb 19, 1949. viewed by V. S.

FEB 27 1981

Social Security card #519-18=3414 gives name as Lawrence Lester Kress viewed by V. S.

MAR 2 1981

239-103-035-437

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97 File No. 67429

Primary Registration District No. 2174 Registered No. 6

FULL NAME OF CHILD Wayne Lincoln Slinker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	March 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lon Slinker	FULL MAIDEN NAME	Stella McGillic
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	White — AGE AT LAST BIRTHDAY 46 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lapwai Idaho

Filed 3/5 1919 William P H Habel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1965

962-223-004-884

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67430

County of Bear Lake

City of Liberty

No. _____ St.

Hospital _____

Registration District No. 53 File No. 354

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3-23-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Roberts	FULL MAIDEN NAME	Lottie Hymas
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Hutton

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Paris, Idaho

Filed 4-10-1919 R. J. Hutton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245 - 115
004 - 18

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67431

County of Bear Lake

City of Paris

Registration District No. 33 File No. 363

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Leroy Burns

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 - 13 - 1919

FATHER		MOTHER	
FULL NAME	Alton Nye Burns	FULL MAIDEN NAME	Nancy Mary Jarvis
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 a. M. on the date above stated.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10-1919 R. J. Sutton

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21

619-116-004-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67432

County of Bear Lake

City of Bloomington Registration District No. 3 3 File No. 352

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD GLEN PASSEY WARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2-16-1919

FATHER		MOTHER	
FULL NAME	Peter Ward	FULL MAIDEN NAME	Ida Passey
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bloomington	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Paris
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10 19 19 R. L. Sutton

Registrar

Given names added from a supplemental report.

____ 19____

____ Registrar

5-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 67432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Glen Passey Ward (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 16, 1919 (DATE OF EVENT) in Bloomington, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 28, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Glen Passey Ward

Subscribed and sworn to before me this 28th. day of January, 1942

Notary Public, residing at Paris

My commission expires Oct. 1, 1942

(SEAL)

Signed Peter E. Ward.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

315-124-004-317

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-15

CERTIFICATE OF BIRTH

67433

Registration District No. 23 File No. 357

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Frank Paul Canosa Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	7-24-1919

FATHER		MOTHER	
FULL NAME	Frank Canosa	FULL MAIDEN NAME	Mary Capucchie
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Dealer of Produce	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:00 A. M. on the date above stated.

(Signature) O. D. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10-1919 O. D. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1953

255-203-004-213

PLACE OF BIRTH Name added 6-9-88 JLH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 93 File No. 361

No. ____ St. Primary Registration District No. 2132 Registered No. 67434

Hospital ____

FULL NAME OF CHILD ORPHA GLADYS BEE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 - 3 - 1909

FATHER		MOTHER	
FULL NAME	Archie Bee	FULL MAIDEN NAME	Kathryn Bateman
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

(Signature) R J Sutton

Physician (Physician or midwife)

Address Paris, Idaho

Filed 4-10-1909 R J Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 23 1988
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____ }

Certificate No. 67422
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 3, 1919 (Date of Event) in Bloomington, Bear Lake Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Orpha Gladys Bee

Subscribed and sworn to before me this 25TH day of January, 1988.
Notary Public, Russ McCoy
Residing at Salt Lake City, Utah
My commission expires 4-15-91
(Seal)

Orpha Gladys Bee Hemmert
Signature of Applicant
X558 North 1 West P.O. Box 156
Street Address, City, State
St Charles, Idaho 83272

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing from LDS church shows Orpha Gladys Bee, daughter of Archie E. Bee and Eathlyn Bateman born Apr. 3. 1919 at Bloomingtom, Idaho was blessed Aug. 3, 1919 by Bp. A.A. Hart. Viewed by V.S.

Certificate of Baptisim and Confirmation from LDS church shows Orpha Gladys Bee daughter of Archie E. Bee and Ethelyn E. Bateman Born April 3, 1919 at Bloomington, Bear Lake, Idaho was baptized April 3, 1927 by Archie E. Bee and confirmed a member of the LDS church April 3, 1927 by Alfred A. Hart. Dated April 3, 1927. Viewed by V.S.

243-102-004-313

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 359

Primary Registration District No. 2132 Registered No. 67435

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4-2-1919

FATHER		MOTHER	
FULL NAME	Ralph V. Sutton	FULL MAIDEN NAME	Ruth Caldwell
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Pingle Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-10-1919 R. V. Sutton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-127-004-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67436

Registration District No. 58 File No. 838

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD WAYNE RICH COLLINGS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3-27-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mahonri Collings	Iris Rich
RESIDENCE	Paris	Paris
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Paris	Wyoming
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Fulton

Physician (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 4-10-1919 R. Fulton

..... Registrar

S-Y-CO 38071

Registrar

Utah State Agricultural College, year(1937-1938) gives name as Wayne Rich Collings

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 67436

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Collings (Name on Original Certificate) who born (Was Born or Died) on March 27, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April 6th 1959 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wayne Rich Collings
Wayne Rich Collings		

Subscribed and sworn to before me this 6th day of April, 19 59.

Notary Public, residing at Paris, Idaho
My commission expires Oct. 1, 1962
(Seal)

Signed Daniel P. Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake, }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 19 59.

Notary Public, residing at Paris, Idaho,
My commission expires Oct. 1, 1962
(Seal)

Signed D. E. Maddock
(Signature of Any Credible Person)

Paris, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCL 3-31-59. one copy pd.

Ralph Roghaar, Principal 4-6-1959
Statement regarding School Record, Emerson School, Paris, Idaho
enrolled in school Sept 7, 1925. Name given as Wayne Rich Collings.
viewed by [redacted].

Statement regarding school record, Fielding High School, Paris, Idaho,
Max Gollaher, Principal
gives name as Wayne Rich Collings
viewed by V.S.

213-123
004-125

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67437

Registration District No. 5-9 File No. 35-6

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD REYNOLD WIFFEN BATEMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3-23-1919

FATHER		MOTHER	
FULL NAME	Wiffen Bateman	FULL MAIDEN NAME	Lauretta Lindsay
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 00 P. M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10-1919 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Lincoln }

Certificate No. 67437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Reynold Wiffen Bateman (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on Mar 23. 1919. (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Reynold Wiffen Bateman
Reynold Wiffen Bateman		

Subscribed and sworn to before me this 17th day of Dec., 1942.

L. J. Jenkins
Notary Public, residing at Freedom Wyo.
My commission expires May. 14. 1945.
(SEAL)

Signed Corthine Lauretta Bateman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Etna, Wyoming.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Lincoln }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Dec., 1942.

L. J. Jenkins
Notary Public, residing at Freedom Wyo.
My commission expires May. 14. 1945.
(SEAL)

Signed Wiffen Delbert Bateman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Etna, Wyoming.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 2 8 1942

356-124
004-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67438

County of Bear Lake

City of Paris

Registration District No. 33 File No. 35-5

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8-24-1919

FATHER		MOTHER	
FULL NAME	Parley Smedley Lewis	FULL MAIDEN NAME	Elsie Burn
RESIDENCE	Paris, Idaho	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Paris Idaho.	BIRTHPLACE	Laviark Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10- 1919 R. J. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 58071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-204-032-953

[redacted]

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **67439**

Registration District No. 16

File No. .....

Primary Registration District No. 1[illegible]6

Registered No. 10

Full Name of Child Josephine Coscorroza

SEX OF CHILD Girl.	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH March (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Antonio Coscorroza	FULL MAIDEN NAME	Toribia Retolasa
RESIDENCE	Shoshone	RESIDENCE	Shoshone [redacted]
COLOR	White, AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT [redacted] BIRTHDAY 21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	[redacted] Spain.
OCCUPATION	Pool Hall	OCCUPATION	[redacted] wife.

Number of child of [redacted] mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 12[illegible] a M on the date above stated.

(Born alive or stillborn)

*When there was no at[illegible]ing physician or midwife, then the fath[illegible] householder, etc., should make this return [illegible] stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Mch 11 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-216-032-366

PLACE OF BIRTH

County of Lewis

City of Thorton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

67440

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 12

Full Name of Child Margaret Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		3	Yes	3/16 1914

FATHER

FULL NAME: Chas L Johnson

RESIDENCE: Thorton

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Corley

RESIDENCE: Spokane

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) at 2 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed Mch 20 1914 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1972

469-220-032-242

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67441

Registration District No. 16

File No. _____

Primary Registration District No. 2016

Registered No. 13

Full Name of Child Belle Morioka

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Month 20 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hetaro Morioka	FULL MAIDEN NAME	Fusa Sakuma
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Hotel	OCCUPATION	Hotel

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mch 22 1917 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1952

296-121-032-243

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dill

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 67442

Primary Registration District No. 2016 — Registered No. 14

Full Name of Child Floyd Richard Brotzman

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 3 (Month) 21 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Richard Brotzman	FULL MAIDEN NAME	Bertha Jane Butler
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White, AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Mch 22 1919 [signature]

Registrar

...e or more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...THIS IS A PERMANENT RECORD

315-228-032-243

PLACE OF BIRTH

County of Lewiston

City of Lewiston,

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

67444

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 16

Full Name of Child Baby.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	2	Yes	3 28 19 19

FATHER

FULL NAME: Lester B. Cammack

RESIDENCE: Lewiston

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Labor.

MOTHER

FULL MAIDEN NAME: Violet Butler.

RESIDENCE: Lewiston

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Dill M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed MCH 29 1919

J. L. Sullivan Registrar

IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

643-125-029-319

[redacted] STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 **File No.** 67446

No. ____ *St.*

Primary Registration District No. 2145 **Registered No.** ____

Hospital ____

FULL NAME OF CHILD Earl Eloff Fulton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	Feb 25 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Geo. L. Fulton	FULL MAIDEN NAME: Minnie J. Carlson
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Centerville Arkansas	BIRTHPLACE: Wheaton Minnesota
OCCUPATION: Bookkeeper	OCCUPATION: Housework

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed March 10 19 19 Dr J.W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/24/41 L. B.

STATE

JUN 14 1944

JUN 10 1944

555-201-029-477

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Pottatoff

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 67447

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Clara Ven Idour

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	3 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Byron Ven Idour	FULL MAIDEN NAME	Clara Moxey
RESIDENCE	Pottatoff	RESIDENCE	Pottatoff
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Canada	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Leparit M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pottatoff Idaho

Filed March 8 1919. D. J. H. Thompson
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-106
029-386

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Pottatch

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67448

Registration District No. 65 File No. _____

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Merle Thompson Whitman

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alphus Whitman	FULL MAIDEN NAME	Virgie Thompson
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	New York State	BIRTHPLACE	Pennsylvania
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Leopard
M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Pottatch Idaho

Filed March 5th 1919. Dr. J. W. Thompson
Registrar

Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y19-219-
029-652

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67449

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD ~~Iris Darrow~~ IRIS DOROTHY DARROW

Sex of Child: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 3 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Myron L Darrow	FULL MAIDEN NAME	Elva West
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S LePard
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Pottatch Ida

Filed March 21st 1919. Dr. J. W. Thompson Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 67449

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Iris Dorothy Darrow (Name on Original Certificate) who born (Was Born or Died) on Mar. 19 1919 (Date of Event) in Potlatch, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on Aug. 2, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Iris	Iris Dorothy Darrow

Subscribed and sworn to before me this 2nd day of Aug., 19 43

Notary Public, residing at Mullan, Ida.

My commission expires 1 1 1944
(Seal)

Signed Elva A Connor.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 1944

742-102-029-323

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 67450

PLACE OF BIRTH

County of Latah

City of S. of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD (Infant) Gashliak.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓		✓	yes.	April 2 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Mike. Gashliak.

RESIDENCE Potlatch

COLOR White. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Austria

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Lena Cothrn.

RESIDENCE Potlatch

COLOR White. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 1/2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4 21/60 M. on the date above stated.

(Signature) Mrs Clyde Libby. (neighbour)

(Physician or midwife)

Address Potlatch

Filed April 5 1919 Dr. J. T. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-204-029-495-

U. S. No. 11-C—25m-9-15

PLACE OF BIRTH

County of Latah

City of P.O. Palouse [redacted] Precinct No. 65 File No. 67451

No. ..... St. Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Arletta Gregory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 4 1919

FATHER	MOTHER
FULL NAME George A Gregory	FULL MAIDEN NAME Bertha Drennan
RESIDENCE 5 mi East of Palouse	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Auburn N.Y.	BIRTHPLACE Kendrick Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.45 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Address Palouse Wash.

Filed March 10 1919 J. W. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 3 1981

3/10/41 L. F.

533-120-029-85

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] ATE OF IDAHO
[redacted] OF VITAL STATISTICS

[redacted] TIFICATE OF BIRTH

67452

County of Latah

City of Harvard

Registration District No. 65 File No.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Percival James Eller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Feb 20 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Charlie Edward Eller	FULL MAIDEN NAME: Lula Hendrix
RESIDENCE: Harvard, Ida.	RESIDENCE: Harvard, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: McNatt, McDonald Co, Mo.	BIRTHPLACE: Gardner, Johnson Co, Kansas.
OCCUPATION: Railroad Section Foreman	OCCUPATION: House keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was did not born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Address Palouse, Wash.

Filed March 1 1919 J. J. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

331-228
029-466

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67453

PLACE OF BIRTH

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65

Primary Registration District No. 2145

File No. .....

Registered No. .....

FULL NAME OF CHILD Margett Mary Clark

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 - 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Clark	FULL MAIDEN NAME	Sadie Olive Mooney
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wis
OCCUPATION	Labour	OCCUPATION	Homewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Lipard M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pottatch Ida

Filed March 31st 1919. Dr. J. W. Thompson Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-114
029-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67454

County of Latah

City of

Registration District No. 65.

File No.

No. St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD James Sorenrede.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			yes.	Feb 14. 1919.

FATHER

FULL NAME John M Sorenrede.

RESIDENCE Onaway

COLOR white AGE AT LAST BIRTHDAY 35. (Years)

BIRTHPLACE Ill.

OCCUPATION Millhand

MOTHER

FULL MAIDEN NAME Ethel Rita Miller

RESIDENCE Onaway

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ore.

OCCUPATION Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 730 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest F Stein MD
(Physician or midwife)

Address Palouse Wash.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed March 1 19 19 D. J. W. Thompson
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-102-042-719

PLACE OF BIRTH

[redacted]

[redacted]

[redacted]

67455

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 34

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD ROBERT WILLIAM LEITCH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3 - 2 - 1919

FATHER		MOTHER	
FULL NAME	W. R. Leitch	FULL MAIDEN NAME	Louise Parsons
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 3-10 1919 J. H. Murphy

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 67455
Date Filed March 23/42

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth ~~or Death~~)
for Robert William Leitch (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Mar 2nd 1919 (Date of Event)
in Buhl, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Leitch
Robert William Leitch		Robert William Leitch

Subscribed and sworn to before me this 23th day of March, 1942

A. J. Amos

Notary Public, residing at _____

My commission expires _____
(Seal)

Notary Public Residing at Buhl, Idaho
My commission expires November 5th, 1945

Signed Mrs W. R. Leitch
(Signature of parent or attendant if correcting a birth record; of attendant, ~~funeral director, informant if correcting a death record; or other credible person~~.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 1942

A. J. Amos

Notary Public, residing at _____

My commission expires _____
(Seal)

Notary Public Residing at Buhl, Idaho
My commission expires November 5th, 1945

Signed N. J. Jordan
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-203-024-351

PLACE OF BIRTH

STATE OF IDAHO [redacted]
BUREAU OF VITAL STATI[redacted]

CERTIFICATE OF BIRT[redacted]

County of Gooding

City of Windell

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 67[redacted]

Registered No. .....

FULL NAME OF CHILD Katherine Knighton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 - 3 - 1919

FATHER		MOTHER	
FULL NAME	Samuel H. Knighton	FULL MAIDEN NAME	Hazel Leavitt
RESIDENCE	Windell, Idaho	RESIDENCE	Windell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 a. P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-10 1919 J. H. Murphy Registrar

Registrar

JAN 1 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67456

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Knighton (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1919 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Katherine Knighton

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of White Pine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
February, 1972

Signed: Blanche Knighton Bennett (Sister)
(Signature of Any Credible Person)

Notary Public, residing at McGill, Nevada
My commission expires .....
(Seal)

(Box 1303) 37 1st St., McGill, Nevada 89318
(Street Address, City, State)

FORM DN 60-155 CL 1/13/72 nm

APR 6 197?

Certificate of Baptism and Confirmation from LDS Church of McGill, Nevada gives name as Katherine Knighton daughterof Sam H. Knighton and Hazel Leavitt. Born March 3, 1919. Was Baptized July 23, 1927 and Confmd. July 24, 1927. Viewed by VS

Marriage License from Nevada gives groom's name as Henry E. Foster anf the bride's name as Katherine Knighton. dated Aug. 1, 1939. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 249-104 042-254

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Buhl, Idaho

Registration District No. 39

File No. 67457

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Edwin Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3-4-19

FATHER		MOTHER	
FULL NAME	Edwin C. Burke.	FULL MAIDEN NAME	Ona E. Bedson
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	York, Nebr.	BIRTHPLACE	Lincoln, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-10 1919 J. H. Dunphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6 [illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

669-106

No. 042-454 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 67458

Registered No.

FULL NAME OF CHILD RICHARD THOMAS FOREMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3 - 6 - 1919

FATHER		MOTHER	
FULL NAME	B. Frank Foreman	FULL MAIDEN NAME	Pearl Underwood
RESIDENCE	Buhl, Idaho.	RESIDENCE	Buhl - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys.

(Physician or midwife)

Given names added from a supplemental report.

Address Buhl, Ida

19

Registrar

Filed 3-10 1919 J. F. Murphy

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 29 Certificate No. 67458

County of Los Angeles Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on MARCH 6th 1919 (DATE OF EVENT)

in BUHL IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "~~BIRTH DATE~~", "~~CAUSE OF DEATH~~", ~~ETC.~~)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	Richard Thomas Foreman

Subscribed and sworn to before me this 26th day of January, 1942

Hanyck Lindsay

Notary Public, residing at Pasadena Cal.

My commission expires (SEAL) *My Commission Expires February 3, 1945*

Signed B. F. Foreman (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

381 So. SAN MARINO, PASADENA CALIF. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1942

Hanyck Lindsay

Notary Public, residing at Pasadena Calif.

My commission expires (SEAL) *My Commission Expires February 3, 1945*

Signed [illegible] (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

7300 Cooley Pl. Pasadena Cal. (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By ..... (REGISTRAR'S SIGNATURE)

275-106-042-863

PLACE OF BIRTH

name added 11/12/80

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 67459

Registered No. .....

FULL NAME OF CHILD John Wilmer Sperry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	3-6-1919

FATHER		MOTHER	
FULL NAME	W. V. Sperry	FULL MAIDEN NAME	Sadie Yetter
RESIDENCE	Buhl - Idaho	RESIDENCE	Buhl - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fred Clusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-10 1919 J. H. Kingsley
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 7 1980
Bureau of Vital Statistics

State of Montana
County of Ravalli } ss.

Certificate No. 67459
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Sperry (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 6, 1919 (Date of Event)

in Buhl, (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	John Wilmer Sperry

Subscribed and sworn to before me this 26th day of September, 1980.

Notary Public, Karen Kotsoski
Residing at NOTARY PUBLIC for the State of Montana
My commission expires Residing at Hamilton, Montana
My Commission Expires Nov. 1, 1981
(Seal)

John W Sperry
Signature of Applicant

467 N.E. Old Corvallis Rd. Corvallis, Mt. 59828
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Ravalli } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 1980.

Notary Public, Karen Kotsoski
Residing at NOTARY PUBLIC for the State of Montana
My commission expires Residing at Hamilton, Montana
My Commission Expires Nov. 1, 1981
(Seal)

C. E. Sperry
Supporting Signature

465 N.E. Old Corvallis Rd. Corvallis, Mt
Street Address, City, State

59828

Baptismal certif from Montana gives nameas John W. (Bill) Sperry. Baptized Aug 25, 1935 at Corvallis, Montana viewedby V. S.

NOV 12 1987

Honorable Discharge from the US Army gives name as John W. Sperry date of separation June 26, 1945. viewed by V S.

813-112-042-419

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 67460

Primary Registration District No. 7087 Registered No. _____

FULL NAME OF CHILD Cecil Glenn Gates

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Mar. 12 1919

FATHER	MOTHER
FULL NAME C. J. Gates	FULL MAIDEN NAME Hattie Martin
RESIDENCE Buhl	RESIDENCE Buhl
COLOR W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR W. AGE AT LAST BIRTHDAY 17. (Years)
BIRTHPLACE Montana	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Allen [redacted]

Physician

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-18 1919 J. N. Murphy Registrar

8-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Twin Falls }

Certificate No. 67460

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cecil Glen Yates (Name on Original Certificate) who born (Was Born or Died) on 3-12-19 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Cecil Glenn Yates

Subscribed and sworn to before me this 10
day of April, 19 44
Joseph A. Jones
Notary Public, residing at Bruneau
My commission expires Oct. 1944.
(Seal)

Signed Hattie Yates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bruneau Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Owyhee }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 14 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 515-112 042-417

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Buhl, Idaho. Registration District No. 39 File No. 67461

No. ..... St. Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Glen Van Noy

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3-12-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. L. Van Noy.	FULL MAIDEN NAME	Iva Mayfield,
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Big Cottonwood, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 40 P. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fruchlusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-20 1919 J. H. Kingsley Registrar

..... Registrar

246-115-842-849

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67462

Registration District No. 39 File No. ____

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Benjamin Franklin Buffington Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Mar. 15 1919

FATHER

FULL NAME Benjamin F. Buffington

RESIDENCE Buhl

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jennie Hursh

RESIDENCE Buhl Idaho

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy
Physician
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

....19....

Filed 3-18 1919 J. N. Murphy
Registrar

S-Y-CO 38071

Registrar

APR 11 1949

753-117-042-469

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 67463

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD DALE PETERSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Mar 17 1919

FATHER	MOTHER
FULL NAME A. C. Peterson	FULL MAIDEN NAME Charlotte Morris
RESIDENCE Buhl	RESIDENCE Buhl
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Salt Lake City Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy
Physician
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-19 19 19 J. N. Murphy Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 67463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for (Dale Petersen) unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 17th 1919 (Date of Event) in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are (shown by) my own personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Dale Petersen
name of father	A. C. Peterson	A. C. Petersen

Subscribed and sworn to before me this 14th day of February 1942

Wm. T. McNeely

Notary Public, residing at Rosemead Los Angeles County California

My commission expires January 14 1945

(Seal)

Signed Charlotte Cecelia Morris Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1725 Rosemead Blvd
Rosemead California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 14th day of February, 1942

Wm. T. McNeely

Notary Public, residing at Rosemead

My commission expires January 14 1945

(Seal)

Signed Hattie Petersen Wilkins
(Signature of Any Credible Person Other Than Previous Year)

1162 E. Valley Blvd Rosemead California
(Street Address, City, State)

913-117-042-392

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

Registration District No. 30

File No. 67464

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Floyd Lester Rathbun

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	3-17-1919

FATHER		MOTHER	
FULL NAME	Clark A. Rathbun	FULL MAIDEN NAME	Cora Tibbets
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Wy.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClughy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 3-20 1919 J. H. Kimpfly

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 364-217-042-743

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 67465

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 - 17 - 1919

FATHER		MOTHER	
FULL NAME	Frank H. Courtney	FULL MAIDEN NAME	Letha A. Pulliam
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebr.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Ehrenbusch

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 3-20 1919 J. T. Murphy

Registrar

Registrar

625-219-042-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida,

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 67466

Registered No. .....

FULL NAME OF CHILD EULA ADALINE OBERLANDER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3-19-1919

FATHER		MOTHER	
FULL NAME	William M. Oberlander	FULL MAIDEN NAME	Harriet Beach
RESIDENCE	Buhl, Idaho,	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio,	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClinky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-20 1919 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 67466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eula Adaline Oberlander (Name on Original Certificate) who born (Was Born or Died) on March 19, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Adoption Papers (Bible Record, Insurance Policy, Etc.) prepared on November 18, 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eula Adaline Oberlander

Subscribed and sworn to before me this 24
day of May, 1944
A. A. BAILEY, COUNTY CLERK
Notary Public, residing at
My commission expires
(Seal)
By M. Dunkin
Deputy

Signed Cora E. Young (Mother) By Adoption
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
636 - N. E. 75th Ave.
(Street Address, City, State)
Portland, Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of May, 1944
A. A. BAILEY, COUNTY CLERK
Notary Public, residing at
My commission expires
(Seal)
By M. Dunkin

Signed Edwin F. Young (Brother) By Adoption
(Signature of Any Credible Person Other Than Previous Year)
2151 - N. W. Johnson
(Street Address, City, State)
Portland, Oregon

MAY 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

916-222-042-29-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67467

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	3-22-1919

FATHER		MOTHER	
FULL NAME	Geo. W. Rawlinson	FULL MAIDEN NAME	Philomene Bissonette
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Stockport, England	BIRTHPLACE	Iowa
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Kirchusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 3-31 1919 J. F. Wimpfley

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-223-042-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67468

County of Twin Falls

City of Buhl, Idaho

Registration District No. 39

File No.

No. ..... St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Rita Bernardi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3-23 1919

FATHER		MOTHER	
FULL NAME	Emil Bernardi	FULL MAIDEN NAME	Bessie Holad
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Italy	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-31 1919 J. H. Murphy

Registrar

Registrar

OCT 18 1944

212-123-042-431

PLACE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67469

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Marion Jo Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3-23-1919

FATHER		MOTHER	
FULL NAME	Oscar Baker	FULL MAIDEN NAME	Cora McAnally
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-31 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Dept. of Public Health

Div. of Vital Statistics

Name At Bith----Marion (First) Jo (Middle) Baker (Last) Date of Birth March 22, 1919

Birthplace---- Buhl, Idaho Color---White Sex--Male

Father----Jesse Oscar Baker Birthplace ~~Nega~~ SIGEL, Illinois

Mother----Cora Viola ~~McNelly~~ MRS: ANALLY Birthplace ~~Nega~~ SIGEL, Illinois
(Maiden Name)

I hereby certify, on oath, that the above statements are true.

Signature of registrant Marion Jo Baker Present address Buhl

Subscribed and sworn to before me on Jan. 31 1942

Theo Spielman Notary Public

State of Idaho

County of Twin Falls

I hereby certify, on oath, that I am at present 61 yearsof age: That I am related to the person represented by this certificate as Father, and that I had actual knowledge of the facts as stated in this certificate at the time the birth occurred, and know them to be true because I am father of the applicant, and was present at time of Birth

Signature: Jesse Oscar Baker Present address: Buhl Idaho

I hereby certify that this affiant personally appeared before me, that I read the above statements to me and that he made oath that said statements are true to the best of his knowledge and belief.

This the 31 Day of Jan 1942

Theo Spielman Notary Public

My commission expires May 28-1942

FEB 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-224-042-814

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 67470

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD Dorothy M. Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	3-24-1919

FATHER		MOTHER	
FULL NAME	A. E. Miller	FULL MAIDEN NAME	Elizabeth Haulman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

_____ 19__

Filed 3-31 1919 J. H. Murphy

Registrar

Registrar

S-Y-CO 38071

FEB 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 19 2 24 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Clatsop } ss.

Certificate No. 67470

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by under "Facts to be Corrected" as known by eldest sister (Bible Record, Insurance Policy, Etc.) **; are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Dorothy May Miller
" birth date	March 24, 1919	March 23, 1919

**The undersigned was present in home where and/when subject was born.

Subscribed and sworn to before me this 22nd day of February, 1973

Notary Public, residing at Astoria, Oregon
My commission expires 9-11-76
(Seal)

Signed Jessie E. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1561 Exchange St. Astoria, Ore. 97103
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Clatsop } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 1973

Notary Public, residing at Astoria Oregon
My commission expires 9-11-76
(Seal)

Signed Viola Miller Johnson
(Signature of Any Credible Person)

Rt. 1, Box 642, Astoria, Ore. 97103
(Street Address, City, State)

FORM DH 60-155 CL 2/6/73

Letter from Clatsop County School District gives name as Dorothy Miller/ school records give date of attendnece as Nov. 19, 1925,was 6 yrs. [illegible] at the time. Signed by Richard B. Knotts, Superintendent. Viewed by V. S.

MAY 25 1973

Woodmen of the World Assoc. gives name as Dorothy M. Miller. Dated April 1, 1935. Viewed by V. S.

713-127-042-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Idaho

Registration District No. 39

File No. 67471

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clayton Lowell Patrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	3 (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clayton R. Patrick	FULL MAIDEN NAME	Eva Bostick
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 3-31 1919 J. F. Kenofley

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1942

275-124-042-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67472

County of Twin Falls

City of Buhl

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Blake Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Mar. 24 1919

FATHER	MOTHER
FULL NAME C. L. Spencer	FULL MAIDEN NAME Nita Blake
RESIDENCE Buhl.	RESIDENCE Buhl.
COLOR W. AGE AT LAST BIRTHDAY 32. (Years)	COLOR W. AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE Arkansas.	BIRTHPLACE Oklahoma
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5-30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy

Physician

(Physician or midwife)

Address Buhl Idaho.

Given names added from a supplemental report.

.....19.....

.....

Registrar

Filed 3-31 1919 J. N. Murphy

Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1970

795-227-042-336

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67473

County of Twin Falls

City of Buhl — Registration District No. 39 — File No.

No. ____ St. — Primary Registration District No. 2087 — Registered No.

Hospital Buhl General

FULL NAME OF CHILD Harrich Margaret Green

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	May 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Ray Green	Georgia Lloyd
RESIDENCE	Buhl.	Buhl
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) J. H. Murphy

Physician (Physician or midwife)

Address Buhl Idaho

Filed 3-31 1919 — J. H. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1943

814-128-042-764

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 67474

No. ____ St.

Primary Registration District No. 2081

Registered No. ____

Hospital ____

FULL NAME OF CHILD Clifford Andrew Hamby

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	First	Yes	Mar. 28 1919

FATHER		MOTHER	
FULL NAME	Andrew L. Hamby	FULL MAIDEN NAME	Suzie Godsey
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nashville Tenn.	BIRTHPLACE	Grassy Cr Tenn.
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) James Monroe M.D.
Physician
(Physician or midwife)

Address Buhl Idaho

Filed 3-29 1919

J. N. Murphy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 463-130-042-652

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67475

County of Twin Falls

City of Buhl, Idaho

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD HOWARD MOLESWORT

Sex of Child M.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3-30-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	P. M. Molesworth	FULL MAIDEN NAME	Kate Webb
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 3-31 1919 J. H. Murphy Registrar

Registrar

[illegible]

632-131-042-855

name added 4/8/80

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 67476

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Lillian Adeline Olson

Sex of Child: M	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	G. T. Olson	FULL MAIDEN NAME	Mattie Heng
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) J. H. Murphy
Physician
(Physician or midwife)

Address Buhl Idaho

Filed 3-31 1919 J. H. Murphy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-18-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 25 1 11 PM '80

State of Oregon
County of Coos } ss.

Certificate No. 67476
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Olson (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 31, 1919 (Date of Event)

in Buhl (T.F.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Lillian Adeline Olson

Subscribed and sworn to before me this 21st day of March, 19 80

Notary Public, Cindy Aldrich

Residing at Western Bank - 2000 Bayber.

My commission expires 6-13-81

(Seal)

x Lillian Adeline Olson
Signature of Applicant

2289 State St. North Bend Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record (Bible) gives name as Lillian Adaline Olson born in Buhl, Idaho March 31, 1919. viewed by V. S.

Buhl High School, Diploma from Buhl, Idaho gives name as Lillian A. Olson. dated May 21, 1936. viewed by V. S.

236-131-042-365

PLACE OF BIRTH

County of Twin Falls

City of Bull

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67477

Registration District No. 39 File No. _____

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Roy Harlan Stockton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 31 1919

FATHER	MOTHER
FULL NAME R. H. Stockton	FULL MAIDEN NAME Ada Long
RESIDENCE Bull	RESIDENCE Bull
COLOR W	AGE AT LAST BIRTHDAY 34 (Years)
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-45 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Merkley

Physician (Physician or midwife)

Address Bull Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-31 1919 J. N. Merkley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1968

OCT 17 1974

434-215-002-512

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67478

County of Adams

City of Fruitvale

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lillian Charlotte McMahan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2/15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester J. McMahan	FULL MAIDEN NAME	Hattie J. Vassar
RESIDENCE	Fruitvale	RESIDENCE	Fruitvale
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Council

..... Registrar

Filed 3/31 1919 W. M. Brown Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1969

415 - 217
002 - 193

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67481

County of Adams

City of New Meadows Registration District No. File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Bertha Jane Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	V	yes	Mch 17 1919

FATHER		MOTHER	
FULL NAME	Archie Glenn Davis	FULL MAIDEN NAME	Edna Opal Gilson
RESIDENCE	New Meadows Ida.	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington State
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Sweley M D

(Physician or midwife)

Address New Meadows Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/31 19 19 W M Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 6-28-71 419-126 002-363

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67482

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Carl Herbert Marble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3/26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy E. Marble	FULL MAIDEN NAME	Katie E. Cole
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	Wh. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2/31 1919 W. M. Brown

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1971

3-26-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUN 28 1971 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 67482

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Carl Herbert Cole (Name on Original Certificate) who was born (Was Born or Died) on March 26, 1919 (Date of Event)

in Council (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Carl Herbert Cole	Carl Herbert Marble

Subscribed and sworn to before me this 28th day of June, 19 71

Florence Gartright

Notary Public, residing at Boise

My commission expires 4-20-72

(Seal)

Signed Nina F. Marble

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5019 Pinearson - Milwaukee Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 C.C. (M) 1 copy pd

Marriage License issued by Ada County, Idaho # 197836 gives name of groom as Carl Herbert Marble. Married June 4, 1940.
Viewed by V.S.

JUN 28 1971

Insurance Policy issued by Prudential Ins. Co. of America gives name as Carl Herbert Marble. Policy issued Nover 13, 1946. Policy # 13 421 791.
Viewed by V.S.

815-222-002-2/2 amended 2/20/81

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. .....

File No. 67483

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Mattie Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	2/22/19

FATHER		MOTHER	
FULL NAME	William Hanson	FULL MAIDEN NAME	Lulu Sabin
RESIDENCE	Council	RESIDENCE	Council
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Council. Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Hanson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Mar 31 1919 W. W. Hanson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 8 11 00 AM '80

State of _____ } ss.
County of _____

Certificate No. 67483
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 22, 1919 (Date of Event)

in Council, ID (Adams) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Mattie Hanson
father's name	Hansen	Hanson

Subscribed and sworn to before me this 3rd day of December 1980.

Notary Public, C.W. Brown
Residing at Council Idaho
My commission expires _____
(Seal)

Mattie Thomas
Signature of Applicant
North Hornet Creek Rd
Street Address, City, State
Council Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of NOVEMBER 1980

Notary Public, _____
Residing at SPOKANE
My commission expires 4-1-84
(Seal)

10/30/80

Lelia Palmer
Supporting Signature
120 Highway Drive
Street Address, City, State
Spokane Washington 99026.

Diploma from Davis High school, Kaysville, Utah - Mattie Hanson dated May 22, 1936. viewed by V. S.

FEB 23 1981

Marriage license from Idaho - names Lawrence J. Thomas and Mattie Hanson. dated May 23, 1937. vieewedby V. S.

315 - 218 - 002 - 819

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 67484

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lillie Leona Canaan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 18 19[illegible]

FATHER	MOTHER
FULL NAME: Marion Leo Canaan	FULL MAIDEN NAME: Bessie Luella Harrington
RESIDENCE: Council	RESIDENCE: Council
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Freeport Kan.	BIRTHPLACE: Council, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 6 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed May 31 1949

W M Brown
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1973

613-123-002-114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-17

CERTIFICATE OF BIRTH

67485

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... George Harvey Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 / 22 / 1919

FATHER		MOTHER	
FULL NAME	Harvey Wallace	FULL MAIDEN NAME	Rena James
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. ....., at ..... P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Council

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/21 19 19 W M Brown Registrar

492-209-002-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67486

County of Adams

City of Cuprum

No. ..... St.

Hospital Zink

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD June Marie Dibble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	1 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Ellis Dibble	FULL MAIDEN NAME	Alberta Rice
RESIDENCE	Cuprum	RESIDENCE	Cuprum
COLOR	Wh. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ellensburg, Wash	BIRTHPLACE	La Grande - Wash
OCCUPATION	Blackman	OCCUPATION	Housewife

Number of child of this mother, including present birth One ... Number of children of this mother now living, including present birth One ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Council - Idaho

Filed 3/31 1919

W M Brown
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

693-216-002-491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Tamarack

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67487

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Verl Luella Tilley

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	1 16 1919

FATHER		MOTHER	
FULL NAME	Peter Allen Tilley	FULL MAIDEN NAME	Minnie May Draper
RESIDENCE	Tamarack	RESIDENCE	Tamarack
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Idaho
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

Engineer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 2/3/ 19 19

W M Brown

Registrar

[redacted] 418-125
029-851

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67488

PLACE OF BIRTH

County of Latah

City of Deary R.1

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 32

FULL NAME OF CHILD Arnold Victor Dahlgren

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	2-25-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charly Dahlgren	FULL MAIDEN NAME	Ruth Head.
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1.
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE		BIRTHPLACE	Nebr.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

2-27 1919 Address Deary

R. C. Faust Registrar

Filed 2-27 1919 R. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-101-029-813

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67489

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 34

FULL NAME OF CHILD LEONARD P. Swenson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Apr. 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Lewis Swenson	FULL MAIDEN NAME	Frida Halen
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Address Deary

Given names added from a supplemental report.

Apr. 5 1919

R. C. Faust
Registrar

Filed 5/5 1919 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 14 1942 NOV 1942 RECEIVED
County of Latah }

Certificate No. 67489
Date Filed Jan 12 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Leonard P. Swenson (Name on original certificate) who was born (Was born or died) on April 1st 1919 (Date of event)
in Deary Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Swenson	Leonard P. Swenson

Subscribed and sworn to before me this 10th
day of January, 1942.

Notary Public, residing at Deary, Idaho
My commission expires November 16, 1943
[SEAL]

Signed mr Lewis Swenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Deary, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on JAN 14 1942 By
(Registrar's signature)

266-223-029-363

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67490

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 33

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Mar 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Bower	FULL MAIDEN NAME	Jennie Cole
RESIDENCE	Avon R. 1	RESIDENCE	Avon R 1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Bower
~~husband~~ father
(~~Physician~~ or midwife)

Given names added from a supplemental report.

5-5 1919 Address Avon

P. C. Faust Registrar Filed 3/28 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-311550

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

-C—25m-9-8-17

491

City of Deary R.I. Registration District No. 2147 File No. 4

No. ..... St. Primary Registration District No. 67 Registered No. 35

Hospital .....

FULL NAME OF CHILD Francis Lee Olson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Apr. 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Olson	FULL MAIDEN NAME	Ethel Baker
RESIDENCE	Deary R.I.	RESIDENCE	Deary R.I.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

5-5 1919

R. C. Faust Registrar

Address Deary

Filed 5/5 1919 R. C. Faust Registrar

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67

JUL 30 1943

PLACE OF BIRTH

County of.....

319-202
029-691

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF ~~BIRTH~~

67492

PLACE OF BIRTH

County of Latah

City of Troy R.2

Registration District No. 2147 File No. 4

No. ..... St.

Primary Registration District No. 67 Registered No. 36

Hospital .....

FULL NAME OF CHILD Ida Carlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Apr. 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel Carlson	FULL MAIDEN NAME	Anna Franson
RESIDENCE	Troy R.2	RESIDENCE	Troy R.2
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 845 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

5-5 1919 Address Deary

R. C. Faust Registrar Filed 5/5 1919 R. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Taral

CERTIFICATE OF BIRTH 01493

City of Kendrick R-2 Registration District No. 2147 File No. 4

No. ..... St. Primary Registration District No. 67 Registered No. 37

Hospital .....

FULL NAME OF CHILD Jewel Huffman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	Apr. 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Huffman	FULL MAIDEN NAME	Kate Poore
RESIDENCE	Kendrick R-2	RESIDENCE	Kendrick R-2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

5 - 5 1919 Address Deary

R. C. Faust Registrar

Filed 5/5 1919 R. C. Faust Registrar

Form V. S. No. 11-C—15m-3-8-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-201
043-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Hospital .....

Registration District No. 15

File No. 67494

Primary Registration District No. .....

Registered No. 194

FULL NAME OF CHILD Belvajean Withers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. (Month) I (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W.N.Withers	FULL MAIDEN NAME	Maud Willis
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House- keeper

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McCauley
(Physician or midwife)

Jan 15, 1919

Given names added from a supplemental report.

..... 19.....

Address Cascade Ida

Filed 1 7 1919 [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-201-043-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67495

County of Valley

City of Cascade

No. ____ St.

Hospital ____

Registration District No. 12

Primary Registration District No. ____

File No. ____

Registered No. 195

FULL NAME OF CHILD ~~Lois Maud~~ Downend

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 1st. 1919

FATHER		MOTHER	
FULL NAME	Oscar Downend	FULL MAIDEN NAME	Annie Spickelmire
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arling	BIRTHPLACE	Arling, Idaho.
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.00A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. McCauley M.D.
(Physician or midwife)

Feb 10, 1919

Address Cascade, Idaho.

Filed 3-25-19 Mary M. Donald Registrar
Deft

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1967

NOV 2 4 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-228-043-544

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67496

County of Valley

City of Cascade

No. _____ St.

Hospital _____

Registration District No. 16

File No. _____

Primary Registration District No. _____

Registered No. 194

FULL NAME OF CHILD Eunice Genevieve Twilegar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan. 28 191 9

FATHER	MOTHER
FULL NAME: Harry E. Twilegar	FULL MAIDEN NAME: Edna Edmunson
RESIDENCE: Cascade	RESIDENCE: Cascade
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Grangeville, Idaho.	BIRTHPLACE: Medford, Oregon.
OCCUPATION: Farmer	OCCUPATION: House-Keeper

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.30A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McCauley

Sept 10, 1919 (Physician or midwife)

Address Cascade, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-25- 1919 Mary McDonald Deputy Registrar

S-Y-CO 38071

813 - 113-043-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67499

County of Valley

City of Cascade

No. ____ St.

Hospital ____

Registration District No. 13

Primary Registration District No. ____

File No. ____

Registered No. 191

FULL NAME OF CHILD Earl Raymond Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan. 13, 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ray Edward Hall	FULL MAIDEN NAME: Kathyrn Eva Spickelmire
RESIDENCE: Cascade, Idaho.	RESIDENCE: Ca scade , Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Arling, Idaho.	BIRTHPLACE: Arling
OCCUPATION: Farmer	OCCUPATION: House-Keeper

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10P. M. on the date above stated.

(Signature) D. L. McCauley M. D.

Jan 20, 1919

(Physician or midwife)

Address Cascade Idaho

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Jan 26 19 Mary McDonald Deputy
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-114-043-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Hospital .....

Registration District No. 15

File No. 67506

Primary Registration District No. .....

Registered No. 183

FULL NAME OF CHILD Robert Lewis Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb. 14 1919

FATHER		MOTHER	
FULL NAME	Chas. A. Hall	FULL MAIDEN NAME	Hazel Williams
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Valley Co. Idaho.	BIRTHPLACE	Valley Co. Idaho.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Feb 15, 1919

Address Cascade, Idaho.

Filed 2-25 1919 Mary R. McDonald Deft Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 699-202-004-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **67507**

County of Bear Lake

City of Lanark Registration District No. 23 File No. 360

No. ..... St. Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Neva Orr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-2-19

FATHER		MOTHER	
FULL NAME	David Orr	FULL MAIDEN NAME	Clara May Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Liberty - Ida	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-10-19 19 R. J. Sutton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 5 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 67507

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Orr (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1919 (Date of Event) in Lanark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Neva Orr

Subscribed and sworn to before me this 12 day of January, 1970

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1972

(Seal)

X Signed Edson W Orr

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5220 Belair Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 10 c pd. - Rec # 27228.

Certificate of Award gives child's name as Neva Orr of School Dist. No. 21, Bear Lake County. Award for Faithfut Attendance. Signed by. Amy B. Kelsey, Superintendent. Dated Dec. 17, 1926. Viewed by V. S.

MAR 2 4 1970

Certificate of Blessing No. 88 gives name as Neva Orr saughter of David T. Orr and Clara Watkins. Born April 2n 1919. Dated May 4, 1919. Signed by Arthur Elorn, Cle Viewed by V. S.

993-108-2264-689

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

67508

Registration District No. 83 File No. 362

Primary Registration District No. 2132 Registered No. ____

FULL NAME OF CHILD KEITH WHITTLE RICH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 - 8 - 1919

FATHER	MOTHER
FULL NAME Stanley H Rich	FULL MAIDEN NAME Cathryn Whittle
RESIDENCE Paris	RESIDENCE Paris
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Paris	BIRTHPLACE Wyoming
OCCUPATION County Auditor	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

(Signature) L. J. Sutton

Physician (Physician or midwife)

Address Paris Idaho

Filed 4-10-1919 R. Sutton

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

NOV 30 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 67508

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Keith Whittle Rich (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 8, 1914 (DATE OF EVENT)
in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 8 1914 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Keith Whittle Rich

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Mr. S. H. Rich
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of November, 19 42
Levi Aland

Notary Public, residing at .....
My commission expires .....
(SEAL)

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Signed Edna A. Steare
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 1

791-112
005-869

Form A. S. No. 11-C—Rev. 1-1-19

County of [redacted]

City of Pl[redacted]

Registratio[redacted] File No. 87509

No. ..... St.

Primary [redacted] 2123 Registered No. 62

Hospital .....

FULL NAME OF CHILD Charles, [redacted] Graves.

Sex of Child	Twin Triplet or other?	Legitimate?	Date of Birth
Male.	and (To be answered only in ev[redacted])	yes	Apr 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Wilber. Grav[redacted]	[redacted]DEN[redacted]E	Byrdelle Ivy. Hardie.
RESIDENCE	Plummer, I[redacted]	[redacted]IDENCE	Plummer, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 3[redacted]	[redacted]OR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Port Huron, Mi[redacted]	[redacted]THPLACE	Port Huron, Mich.
OCCUPATION	Farmer.	[redacted]UPATION	Housewife.

Number of child of this mother, including present birth (5) R[redacted] [redacted] of children of this mother now living, including present birth 4 Four.

CERTIFICATE OF [redacted]YSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] alive, at 6-30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[redacted] Herrington D.C.

[redacted] Accoucheur

(Physician or midwife)

Given names added from a supplemental report.

Address Plummer, Idaho

..... 19 ..... Filed Apr 12 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1948

028

Form No. 11-C—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Worley

Registration District No. 46

No. St.

Primary Registration District No. 2123 Registered No. 63

Hospital

FULL NAME OF CHILD Charles Harris

Sex of Child Male	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Apr (Month) 6th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Edwin Harris	FULL MAIDEN NAME	Alena Scorah
RESIDENCE	Worley Idaho	RESIDENCE	Worley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Port Huron Mich.	BIRTHPLACE	Richmond Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth (1) one

Number of children of this mother now living, including present birth (1) one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P M on the date above stated.

(Born alive or stillborn)

(Signature) S. A. Herrington, D.C.

Accoucheur

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Plummer, Idaho

Filed Apr 12 1919 H. G. Joeger

Registrar

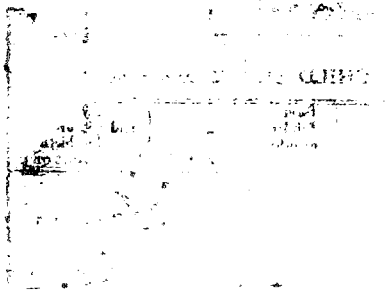
Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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035-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67511

County of Nez Perce.

City of Lewiston.

No. 9th Ave St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 229

FULL NAME OF CHILD Velma Dorothy Ragan.

Sex of Child Female

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Issac P Ragan	FULL MAIDEN NAME	Minnie Chapman.
RESIDENCE	Lewiston	RESIDENCE	Lewiston.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar S. White M.D.
By R. C. Pauley Sec
(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Lewiston

19

Registrar

Filed Apr 10 1919 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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NOV 9 1944

432 - 202 - 035 - 46

PLACE OF BIRTH

County of Nez Perce

City of Lammamy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67512

Registration District No. 95

File No. .....

Primary Registration District No. 1009

Registered No. 230

FULL NAME OF CHILD Enid Evelyn McKenzie

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) - 2 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter A. McKenzie	FULL MAIDEN NAME	Hazel McSundro
RESIDENCE	Lammamy Lewiston	RESIDENCE	Lammamy, Lewiston, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul V. Johnson (Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 10 1919

Irma E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1944

813-107-035-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

File No. 67514

Primary Registration District No. 1009

Registered No. 232

FULL NAME OF CHILD Vernon Lee Hall

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) - 7 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Victor L. Hall	FULL MAIDEN NAME	Hazel Lance
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Kelley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Apr 10 1919

Susan E. Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 194

C.C. 4/25/41. R.H.

141-207-025-681

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67515

Registration District No. 96 File No. .....

Primary Registration District No. 1809 Registered No. 233

FULL NAME OF CHILD Jane Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 - 7 - 1919

FATHER		MOTHER	
FULL NAME	Harry K. Adams	FULL MAIDEN NAME	Hazel Wyatt
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wash	BIRTHPLACE	Colorado
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 1.15 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isabelle Johnson (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 10 1919 Emma E. Bruce Registrar

JAN 15 19[redacted]

659-112-035-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston.

No. ..... St.

Hospital .....

Registration District No. 96

File No. 67516

Primary Registration District No. 1009

Registered No. 234

FULL NAME OF CHILD Charles Boyd Ferris.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	3 (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles S Ferris.	FULL MAIDEN NAME	Minnie Yoden
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. White M.W.

By R C Pauley Sec

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston

Filed Apr 10 1919 Susan E Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/J/41. [illegible]

168-112-035-958

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

67517

County of Nezperce

City of Lewiston

No. 1705, G St.

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 235

Hospital

FULL NAME OF CHILD Grover Herbert Johnson

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
male	8 (To be answered only in event of plural births)	yes	March 12, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrison Johnson	FULL MAIDEN NAME	Mary N Reynolds
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinoise	BIRTHPLACE	MO
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman MD,

Lewiston Idaho

(Physician ~~or Midwife~~)

Given names added from a supplemental report

, 19

Address

Filed Apr 10 1919 Susan E Bruce

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

C. C. issued 5-8-41. E.H.

619 - 215 - 035 - - 453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 67518

No. ..... St.

Primary Registration District No. 1009

Registered No. 236

Hospital St. Josephs WYNONA MERCEDES

FULL NAME OF CHILD ~~Mercedes Wynona~~ Warren

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 - 15 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. J. Warren	FULL MAIDEN NAME	Wynona Melcher
RESIDENCE	Grangeville, Idaho	RESIDENCE	Grangeville, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Railroad Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9.25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Clearsow

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Apr 10 1919

Anan E. Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1944

731-119-035-766

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

RTIFICATE OF BIRTH

67519

County of Nezperce

City of Lewiston

No. Snakriver ave St. no 239

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 237

Hospital

FULL NAME OF CHILD Loyd Ansil Platt

Sex of Child	~~Twin, Triplet,~~ or other?	and Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)	one	yes	March 19, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin I Platt	FULL MAIDEN NAME	Ninie L Pool
RESIDENCE	Melrose Idaho	RESIDENCE	Melrose Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Inman M D.

Lewiston Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed Apr 10 1919 Susan E Bruce

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1958

394-106-031-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67520

County of Lewis

City of Forest

Registration District No. 48 File No.

No. St.

Primary Registration District No. 2127 Registered No. 95

Hospital

FULL NAME OF CHILD Stephen John Trukosity

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Julius Trukosity	FULL MAIDEN NAME	Agnes Lurwig
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Austria Hungaria	BIRTHPLACE	Austria Hungary
OCCUPATION	Mail Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Winchester, Idaho

19

Filed April 1 1919 John L. Kelly
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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244-221-031-799

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

BUREA[redacted]TISTICS

[redacted]TIFICATE OF BIRTH

67521

County of Lewis

City of Forest

Registration District No. 48 File No.

No. St.

Primary Registration District No. 2127 Registered No. 94

Hospital

FULL NAME OF CHILD Ethel Kathleen Kemp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 21 1919

FATHER		MOTHER	
FULL NAME	Percy Kemp	FULL MAIDEN NAME	Alice Ann Price
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E Clovis per Jem

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Winchester, Ida

19

Filed April 1 1919 John L Kaag

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
OF VITAL STA
cc 2/26/41 rmf

APR 7 1959

APR 18 1968

NOT

236-120-031-236

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67522
Local Reg. No. 93
Reg. Dist. No. 48

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Forest
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Clark Ranch

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Plummer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alvin
b. (Middle): Frank
c. (Last): Bloomquist

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 20, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Gustave
b. (Middle): Edward
c. (Last): Bloomquist

8. AGE (At time of this birth): 53 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY: Farmer

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lulu
b. (Middle):
c. (Last): Bloomhoff

13. AGE (At time of this birth): 48 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. McLaughlin

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Winchester, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 1, 1919

22. REGISTRAR'S SIGNATURE: John L. Kelly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

ACK INK o
ISTRAR in
ce to DIVISI

Was a standard serological test for syphillis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS

RACE OR COLOR OF FATHER White

WEIGHT AT BIRTH ___ LBS. ___ OZS.

RACE OR COLOR OF MOTHER White

Was 1% Silver Nitrate Used to prevent blindness?

JAN 7 1966

5-46-210
025-695

PLACE OF BIRTH

[redacted]TATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67523

County of Idaho

City of Clearwater

Registration District No. 106

File No.

No. ..... St.

Primary Registration District No. 2184

Registered No. 12

Hospital

FULL NAME OF CHILD Rosella Edwards

Sex of Child Female

Twin Triplet or other? and Number in order of birth 9
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 10 1919
(Month) (Day) (Year)

FATHER

FULL NAME Chris Columbus Edwards

RESIDENCE Clearwater

COLOR White

AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Kentucky

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mary Belle Fields

RESIDENCE Clearwater

COLOR White

AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Kentucky

OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Registrar

Filed April 1 1919

J. M. Verbeekmans
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1966

175-110-025-577

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67524

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 11

FULL NAME OF CHILD Allen Marshal Agee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Agee	FULL MAIDEN NAME	Ethel Epperson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkinnes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed April 1 1919 J M Weberkinnes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1952

713-204-025-958

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 106

File No. 67525

Primary Registration District No. 2184

Registered No. 10

FULL NAME OF CHILD Lois Packer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	5	Yes	Mar 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Manley A Packer	FULL MAIDEN NAME	Matilda Reynolds
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Registrar

Filed April 1 1919 J M Weber Kuns

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-203-025-961

PLACE OF BIRTH

Amended 6-22-56

County of Idaho

City of Winona

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 67526

Primary Registration District No. 2184 Registered No. 9

FULL NAME OF CHILD Clara Edna McClellan

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 3 1919

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. M. McClellan	FULL MAIDEN NAME	Susie Roakey
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Address Stites, Idaho

Filed April 1 1919 J. M. Yubukuree

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Idaho } ss.

Certificate No. 67526

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McClellan (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1919 (Date of Event) in Winona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Record Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec. 2, 1936 Nov. 7, 1937 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Clara Edna McClellan
Father's last name	McLellan	McClellan

Subscribed and sworn to before me this 15 day of June, 1956

Julianna V. Hanzen
Notary Public, residing at Grangeville Idaho
My commission expires Jan. 1, 1960
(Seal)

Signed Susie K. McClellan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Greencreek, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1956

Julianna V. Hanzen
Notary Public, residing at Grangeville Idaho
My commission expires Jan. 1, 1960
(Seal)

Signed Mary Zemwatt
(Signature of Any Credible Person)

Grangeville Idaho
(Street Address, City, State)

FORM DPH 5T, 155

386-101-024-381

PLAC[illegible]

Form V. S. No. 11—25m-6-15-18

County of [illegible]

City of Gording

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 67527

Registration District No. 24

Primary Registration District No. 2014

File No. .....

Registered No. .....

Full Name of Child Kenneth Thomas

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	3 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Claud E Thomas	FULL MAIDEN NAME	Gladys Trowbridge
RESIDENCE	Gording, Ida	RESIDENCE	Gording, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	One	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm P Higgs

M.D. (Physician or midwife)

Address Gording, Ida

Filed 4-15-1919 F. Cary M.D. Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

796-209-024-299

PLACE OF BIRTH

County of Gording

City of Gording

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24

Primary Registration District No. 2014

File No. 67528

Registered No. .....

Full Name of Child Lenora May Groesbeck

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female				yes	March 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard W. Groesbeck	FULL MAIDEN NAME	Gladys Brickell
RESIDENCE	Gording, Ida.	RESIDENCE	Gording, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Kansas
OCCUPATION	Telephone repair	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Gooding Ida.

Registrar

Filed 4-10-1919 F. T. Carey M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/3/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24 File No. 67529

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Helt, Nina Leone

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	4 (To be answered only in event of plural births)	yes	Mar (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William Helt	FULL MAIDEN NAME	Mollie Cary
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Ida

Filed 4-10-1919 F. L. Cary M. D. Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 2-24-59

PLACE OF BIRTH

815-213-024-363

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. .....

File No. 67530

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Freida Hennefer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 13, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2 ...

FATHER	MOTHER
FULL NAME: Lehi Hennefer	FULL MAIDEN NAME: Jessie Cock
RESIDENCE: Carey	RESIDENCE: Carey
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H.E. Lamb

M.D.

(Physician or midwife)

Address Gooding, Idaho

Filed 4-10-1919 F.T. Cary, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Own Child's Birth Certificate on File, #386373, gives name as Margaret Freida Hennefer, birthplace as Gooding, Idaho - viewed by V.S.

other documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 67530

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hennefer (Name on Original Certificate) who born (Was Born or Died) on March 13, 1919 (Date of Event) in Gooding County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Freida Hennefer
Full Maiden Name of Mother	Jessie Coch	Jessie Cock

Subscribed and sworn to before me this 22nd day of January, 19 59

Robert L. Taylor
Notary Public, residing at Twin Falls, Idaho
My commission expires 11/15/60
(Seal)

Signed Jessie Hennefer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

352 Van Buren, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 19 59

Robert L. Taylor
Notary Public, residing at Twin Falls, Idaho
My commission expires 11/15/60
(Seal)

Signed Mrs W.R. Taylor
(Signature of Any Credible Person)

152 Blue Lakes Blvd., Twin Falls, Ida.
(Street Address, City, State)

FORM DPH 55.155 CL 1-9-59. one copy pd.

L.D.S. Cert. of Baptism and Confirmation, June 5, 1927 gives name as Margaret Frieda Hennefer, born in Gooding, Idaho - viewed by V.S.

and

Mother's Maiden Name as Jessie Cock - viewed by V.S.

Idaho Marriage License, August 15, 1938 gives names as Clyde Ezra Stone & Margaret Frieda Hennefer - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Good

City of Bliss

No. 239-224-024-893 St.

Hospital

Registration District No.

Primary Registration District No.

File No. 7531

Registered No.

FULL NAME OF CHILD GERALDINE VIRGINIA KLITZ

Sex of Child	Twin triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	Mar 24 1919

FATHER		MOTHER	
FULL NAME	Fred Klitz	FULL MAIDEN NAME	Stella Hice
RESIDENCE	Bliss Ida	RESIDENCE	Bliss Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 60 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M.D. (Physician or midwife)

Given names added from a supplemental report

19

Address Gooding Ida

Filed 4-10-1919 F. T. Cary M.D. Registrar

Registrar

S-Y CO. 20174

AUG 1 0 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Elko } ss.

Certificate No. 67531
Date Filed Dec. 1st. 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Klitz (Name on original certificate) who was born (Was born or died) on March 24th - 1919 (Date of event)
in Bliss, Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on March 30th - 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Klitz	Geraldine Virginia Klitz

Subscribed and sworn to before me this first
day of December, 1942.
W. G. Southard
Notary Public, residing at the Peace
My commission expires Jan 1st 1943
[SEAL]

Signed Mrs. Stella Mae Klitz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Contact Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Elko } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first
day of December, 1942
W. G. Southard
Notary Public, residing at the Peace
My commission expires Jan 1st 1943
[SEAL]

Signed W. F. Klitz
(Signature of any credible person other than the previous affiant.)
Contact, Nevada
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

545-109-024-468

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67532

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

Registration District No. 24

File No. .....

Primary Registration District No. 2014

Registered No. .....

FULL NAME OF CHILD Chas. Edmund Emerson

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	W. E. Emerson	FULL MAIDEN NAME	Edna Doherty
RESIDENCE	Gooding	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Station Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida.

Filed 4-12-1919 F. T. Carey M. D.

Registrar

Registrar

133-III-018-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67534

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 15

FULL NAME OF CHILD Thelma Mae Atteberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph N. Atteberry	FULL MAIDEN NAME	Catherine Pearl Jones
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Kans.
OCCUPATION	Clerk, N. J. Inoane Asylum	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Orofino, Ida

Filed Mar 11 1919 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1947

155-114-018-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67535

County of Clearwater

City of Dent

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 16

Hospital

FULL NAME OF CHILD Alva Jenks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Jenks	FULL MAIDEN NAME	Pearl Tilden
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarily

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Ida

19

Filed Mar 14 1919

J. McFarily
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-121-018-868

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67536

County of Clearwater

City of Orofino

Registration District No. 90 File No.

No. St.

Primary Registration District No. 268 Registered No. 18

Hospital

FULL NAME OF CHILD Monroe A. Rubedew

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch 21 1919

FATHER		MOTHER	
FULL NAME	Wm A. Rubedew	FULL MAIDEN NAME	Alice Hoyle
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Idaho

19

Filed Mch 21 1919 J. McFairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR ...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1944

466-225-018-652

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Canyon

City of Boise

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67537

Registration District No. 90

Primary Registration District No. 2168

File No. _____

Registered No. 19

FULL NAME OF CHILD Maud Emma Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 25 1919

FATHER		MOTHER	
FULL NAME	Fred J. Morris	FULL MAIDEN NAME	Pearl Wiseman
RESIDENCE	Boise Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred J. Morris

(Physician or midwife)

Address Boise, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed March 27 19 19 J. M. Hardy

Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1942

989-230-018-936

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67538

County of Clearwater

City of Orofino

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 20

Hospital

FULL NAME OF CHILD Majella Evalone Tyra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 30 1919

FATHER		MOTHER	
FULL NAME	James Tyra	FULL MAIDEN NAME	Minnie Storholt
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kentucky	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Ida

19

Filed March 30 1919 J. M. Fairley
Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

587-230-018-913

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67539

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 21

FULL NAME OF CHILD Geraldine ~~Margary~~ MARJORIE NYGAARD

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 30 1919

FATHER		MOTHER	
FULL NAME	Tom ~~Nygaard~~ NYGAARD	FULL MAIDEN NAME	Lattie Jalenka
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:25 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarily
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed March 30 1919 J. M. Tarily
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of SPOKANE }

Certificate No 67539

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Geraldine Marjorie Nygaard (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1919 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on by the mother (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Nygard	Nygaard
Name	Marjory	Geraldine Marjorie Nygaard

Subscribed and sworn to before me this 8th
day of August, 19 42.

Notary Public, residing at Spokane

My commission expires
(Seal)

Signed Mrs Thomas Nygaard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1817 W Mallon Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Spokane } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Spokane

My commission expires Sept 5 1942
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 10 1942

587-130-018-913

Form [illegible]11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67540

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 22

FULL NAME OF CHILD Thomas Gerald ~~Nygaard~~ NYGAARD

Sex of Child	Twin ~~Triplet another?~~	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	March 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom ~~Nygaard~~ NYGAARD	FULL MAIDEN NAME	Lottie Zalenka
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Mch 30 1919 J. M. Fairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of SPOKANE } ss.

Certificate No. 67540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~)
for Thomas Gerald Nygaard (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1919 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared by the mother (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Nygard	Nygaard

Subscribed and sworn to before me this 8th
day of August, 1942

Notary Public, residing at Spokane

My commission expires
(Seal)

Signed ⊗ Mrs. Thomas Nygaard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1817 W Mallon Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Spokane Wash

My commission expires April 8 — 1942
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 10 1942

AUG 3 1942

286-113-018-699

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67541

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 23

Hospital .....

FULL NAME OF CHILD Charley Shoemaker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	^	^	Yes	3/13/19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph R. Shoemaker	FULL MAIDEN NAME	Margaret Fritz
RESIDENCE	Cavandish Ida	RESIDENCE	Cavandish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Idaho

Filed Apr 17 1919 J. M. Finley Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-130-018-995

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67542

County of Clearwater

City of Tekoa

No. _____ St.

Hospital _____

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 24

FULL NAME OF CHILD Erle Harpster Tackinthal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	3/30/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas W. Smith	FULL MAIDEN NAME	Willa Reece
RESIDENCE	Tekoa Idaho	RESIDENCE	Tekoa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Orofino Idaho

Filed Apr 18 1919 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-131-018-349

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67543

County of Clearwater

City of Ahsahka

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 25

Hospital

FULL NAME OF CHILD Erle Harfster Thackenthal

Sex of Child Boy | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3/31/19 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	James H. Thackenthal	FULL MAIDEN NAME	Icymundy Turnbull
RESIDENCE	Ahsahka	RESIDENCE	Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Jersey.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswell (Physician or midwife)

Given names added from a supplemental report.

19

Address Orofino, Ida

Filed Apr 12 1919 J M Fairley Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-216-018-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67544

County of Clearwater

City of Tekoa

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2,68

Registered No. 26

Hospital

FULL NAME OF CHILD Bertha Marie Harp.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	3/16/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam C. Harp.	FULL MAIDEN NAME	Lena G. Pratt
RESIDENCE	Tekoa Idaho	RESIDENCE	Tekoa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile J. Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Ida

19

Filed Apr 12 1919 J. M. Fairley

Registrar

Registrar

S-Y-CO 38071

AUG 17 1944

343-208-018-689

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67546

County of Clearwater

City of Grangemont Registration District No. 90 File No.

No. ____ St. Primary Registration District No. 2168 Registered No. 79

Hospital

FULL NAME OF CHILD Hazel Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 8 1919

FATHER	MOTHER
FULL NAME Frank Tucker	FULL MAIDEN NAME Belle Whited
RESIDENCE Grangemont Ida	RESIDENCE Grangemont Ida
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Tucker, Father

(Physician or midwife)

Address Grangemont, Ida

Given names added from a supplemental report.

....19....

Filed Apr 15 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Warm Creek

No. 219-230-016-419 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 3, No. 2 [redacted]

67547

Registration District No. 122 File No. XX

Primary Registration District No. 2199 Registered No. 45

FULL NAME OF CHILD CLAIR KARLSON

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mch 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claus Raymond Karlson	FULL MAIDEN NAME	Nellie Matilda Martindale
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

19

Registrar

Filed April 10 1919

A. G. Nielson

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 67547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for C. Claire Karlson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 30, 1919 (DATE OF EVENT)
in Oakley (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on april 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Calrson	Karlson
Name	Unnamed	Clair Karlson

Subscribed and sworn to before me this 12th day of May, 1942

Notary Public, residing at Los Angeles Cal

My commission expires My Commission Expires May 6, 1945
(SEAL)

Signed Clair Raymond Karlson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3904 Wes Canada St
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of November, 1942

Notary Public, residing at Los Angeles Calif

My commission expires Jan 1 1945
(SEAL)

Signed Della M. McEwen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

6456 Lexington Ave., Los Angeles Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 9

DEATH

NOV 2 3 1942

294-123-016-997

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67548

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 132

File No. XX

Primary Registration District No. 2199

Registered No. 44

FULL NAME OF CHILD Bert Fredrick Kidman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Kidman	FULL MAIDEN NAME	Emeline Riggs
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Registrar

Filed April 11 1919 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

67548

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kidman	Bert Fredrick Kidman

Subscribed and sworn to before me this 17 day of Dec, 1941

Geo G Nelson
Notary Public, residing at Smithfield
My commission expires Jan 18, 1944
[SEAL]

Signed F. H. Kidman, Emaline Bird Kidman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mendon, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 2 6 1974

813 - 122 - 016 - 955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH.

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67549

Registration District No. 132 File No. XX

Primary Registration District No. 2199 Registered No. 43

FULL NAME OF CHILD Quentin Solomon Hale

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 22 1919

FATHER		MOTHER	
FULL NAME	Orsel Hale	FULL MAIDEN NAME	Jenny Reed
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stage - Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 10 1919

A. F. Nielson
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67549

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for none given (Name on Original Certificate) who Born (Was Born or Died) on March 22, 1919 (Date of Event)

in Oakley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Quentin Solomon Hale

Subscribed and sworn to before me this 18th day of Dec. 1943

C G Larson

Notary Public, residing at

My commission expires

(Seal)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Signed Mrs Jennie R. Hale

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 2 1 1949

318-115
016-993

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67550

County of Cassia

City of Almo.

No. ..... St.

Hospital .....

Registration District No. 120

Primary Registration District No. 2199

File No. XX

Registered No. 42

FULL NAME OF CHILD Woodrow Wilson Cahoon.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Son	seven (To be answered only in event of plural births)		3 (Month) 15 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: William Dennis Cahoon,	FULL MAIDEN NAME: Jessie Richardson
RESIDENCE: Almo, Cassia County., Idaho	RESIDENCE: Almo, Cassia County., Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Almo, Cassia County., Ida	BIRTHPLACE: Yost, Boxelder Co, Utah
OCCUPATION: U. S. Gov. Trapper & Hunter	OCCUPATION: house wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Almo, Cassia County., Idaho.

Filed April 10 1919

[signature] Registrar

819 - 21-016 - 213

[redacted]

PLACE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital home

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67551

Registration District No. 17-120 File No. XX

Primary Registration District No. 17-219 Registered No. 41

FULL NAME OF CHILD Esther Jorene Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 11 1919

	FATHER	MOTHER
FULL NAME	Joseph Harper	FULL MAIDEN NAME Sarah Baty
RESIDENCE	Almo	Almo
COLOR	White	White
AGE AT LAST BIRTHDAY	46 (Years)	40 (Years)
BIRTHPLACE	Brigham City Utah	Brigham City Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Annie Green

Mid Wife (Physician or midwife)

Address Almo Idaho Cassia Co.

Filed April 6 1919 W. A. Nelson Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-104-016-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

67532

CERTIFICATE OF BIRTH

County of Cassia

City of near Oakley

No. ..... St.

Hospital .....

Registration District No. 122 File No. XX

Primary Registration District No. 2199 Registered No. 40

FULL NAME OF CHILD Croft

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	March 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephraim Nephi Crofts	FULL MAIDEN NAME	Annie May Blankenship
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 57 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley, Idaho

Filed Apr. 10 1919 N. F. O. Nielson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

264-124-009-353

PLACE OF BIRTH

~~Washington~~ Idaho State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. .....

Registered No. 67553

County of Bonner

City or Town of Priest River, Ida

Registration Dist. No. 81 (No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD Mike Bombeni

{ If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 24, 1919

FATHER		MOTHER	
Full Name	Frank Bombeni	Full Maiden Name	Josephine Geti
Residence	Priest River	Residence	Priest river
Color	White	Color	White
Age at last Birthday (Years)	43	Age at last Birthday (Years)	37
Birthplace (State or Country)	Italy	Birthplace (State or Country)	Italy
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 11

Number of children, this mother, now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / still born } † and that it occurred on March 24, 1919, at 11 P.M.

(Signature) [signature]

Physician

(Physician or Midwife)

Address Priest River, Ida

Filed April 15, 1919 [signature] Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

..... Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67554

County of Bonner

City of Priest River

No. 993-121-009-599 St.

Hospital

Registration District No. 81

Primary Registration District No. 2158

File No.

Registered No. 11

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	March 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Ritchey	FULL MAIDEN NAME	Edna Erickson
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Finland
OCCUPATION	Sumbayach	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gezlaff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Priest River, Ida.

19

Registrar

Filed April 15 1919

Ross Kennedy
Registrar

#1

693-120-034-293

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67555

County of Minidoka

City of Kimima R T P

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 75

Hospital

FULL NAME OF CHILD Chas E Wilson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	1	yes	Feb 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene Wilson	FULL MAIDEN NAME	Helen Becker
RESIDENCE	Kimima Ida	RESIDENCE	Kimima Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Feb 20 19 at 3 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams Mrs

(Physician or midwife)

Given names added from a supplemental report.

Address Paul Ida

19

Registrar

Filed 3-27 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-127-034-314

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67556

Registration District No. 19 File No. .....

Primary Registration District No. 2201 Registered No. 76

FULL NAME OF CHILD CHESTER R. WOLF

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mar. 27 1919

FATHER		MOTHER	
FULL NAME	Louis Wm Wolf	FULL MAIDEN NAME	Mary Ann Camenzind
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 55 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert, Ida

Filed Mar 27 1919 E H Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 67556

State of Oregon } ss.
County of Lane }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar 27 1919 (DATE OF EVENT)
in Nampa (PLACE OF EVENT), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Chester R. Wolf

Subscribed and sworn to before me this 26th day of May, 1943.

Elizabeth Jordan
Notary Public, residing at Eugene, Ore.

My commission expires My Commission Expires April 5, 1944.
(SEAL)

Signed Louis W Wolf
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

ubscribed and sworn to before me this .....
y of ....., 19 .....

Notary Public, residing at .....
commission expires .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

ed for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 8 1943

449-220-034-212

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 67557

Registered No. 77

FULL NAME OF CHILD Elsie May Durran

Sex of Child F

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neil Broadbent Durran	FULL MAIDEN NAME	Inez May Babbitt
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed March 21 1919 E. H. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-123-034.-796

PLACE OF BIRTH

County of Mundiska

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67558

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 78

FULL NAME OF CHILD Frank Proctor Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	March 23 1919

FATHER		MOTHER	
FULL NAME	Joseph Jensen	FULL MAIDEN NAME	Louise Proctor
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Norway	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Idaho

Filed Apr. 5 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-10-41 G. J.

MAR 29 1943

915-128-034-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-6-17

CERTIFICATE OF BIRTH

67559

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 79

FULL NAME OF CHILD Carl Frank Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 28 1919

FATHER		MOTHER	
FULL NAME	E. L. Randall.	FULL MAIDEN NAME	Madge McNeil
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr. 5 1919 Ella Elmore

Registrar

343-227-034-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67560

County of Minidoka

City of Paul

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 80

Hospital

FULL NAME OF CHILD Charlotte Gennevieve Culley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	3 27 1919

FATHER		MOTHER	
FULL NAME	M F Culley	FULL MAIDEN NAME	Ida Bailey
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Donaggy

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr. 5 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

67561

City of Rupert
235-219-016-943
No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 81

Hospital .....

FULL NAME OF CHILD Mildred Leona Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	3 19 1919

FATHER		MOTHER	
FULL NAME	Donald Stevens	FULL MAIDEN NAME	Gertrude Rutledge
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Rupert

Filed Apr 5 1919 E M Edmonds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Name of Applicant

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 31 1 51 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67561

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Stevens (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar 19, 1919 (Date of Event) in Rupert, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Leona Stevens

Subscribed and sworn to before me this 27 day of October, 1977

Notary Public, residing at St. Ignatius, Mont.

My commission expires Nov 1, 1979

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St Ignatius, Mont (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of October, 1977

Notary Public, residing at St. Ignatius, Mont.

My commission expires Nov 1, 1979

(Seal)

Signed Clyde R. Stevens (Brother) (Signature of Any Credible Person)

St Ignatius, Mont (Street Address, City, State)

FORM DH 60-155

10-18-77 Rush! rtd $5.00

Certificate of Baptism and Confirmation from the LDS Church gives name as Mildred Leona Stevens. daughter of Donald Stevens and Gertrude Rutledge. born March 19, 1919 at Rupert, Idaho. Baptized Aug 4, 1929. viewed by V. S.

NOV 1 1977

Application to Roy Neighbors of America Ins. Co. gives name as Mildred Leona Phillips born Mar 19, 1919 in Rupert, Idaho. married. dated July 16, 1964. viewed by V. S.

PLACE [redacted] Amended 11-9-56
249-216-318-314

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 67562

Primary Registration District No. 2168 Registered No. 17

FULL NAME OF CHILD Blanche Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3-15-1919 192

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Decker W. Smith	FULL MAIDEN NAME	Ora Campbell
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faisly

Physician
(Physician or midwife)

Address Orofino, Idaho

Filed 3-15-19 192 J. M. Faisly
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 9 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Clark } ss.

Certificate No. 67562

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Blanche Smith (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1919 (Date of Event) in Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	~~Male~~ Male	Female

Subscribed and sworn to before me this 1 day of November, 19 56

Notary Public, residing at Battle Ground, Wash
My commission expires 3/11/57
(Seal)

Signed Ora Smith Hall (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

735 n.w. 6th St. Camas, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of November, 19 56

Notary Public, residing at Battle Ground, Wash
My commission expires 3/11/57
(Seal)

Signed Edwin M. Myers
(Signature of Any Credible Person)

Box 236 Battleground, Wn.
(Street Address, City, State)

FORM DPH 55.155

655-117-034-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67663

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 82

FULL NAME OF CHILD Dale Marion Fenton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	3 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	LeRoy Fenton	FULL MAIDEN NAME	Ruth Hazel Miller
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Apr. 5 1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1944

163-212-034-492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67564

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 83

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	3 12 1919

FATHER		MOTHER	
FULL NAME	Jas. B Jolley	FULL MAIDEN NAME	Helen Missner
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenyon

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rupert Idaho

Filed Apr 5 19 19 E M Elmore

Registrar

238-202-034-356
Amended 12-10-56

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67565

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 84

FULL NAME OF CHILD Ruth Viola Schoen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Schoen	FULL MAIDEN NAME	Anna M Lewis
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Apr. 5 1919 E H Elmore
Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Minidoka }

Certificate No. 67565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on 3-2-19 (Date of Event)
in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 2nd day of March, 1919 (Give Date), are:
School Record Nov 9, 1956

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing Viewed by V. S. Certificate of Baptism April 13, 1919	Ruth Viola Schoen

Subscribed and sworn to before me this 29th day of November, 1956

Notary Public, residing at Rupert, Idaho
My commission expires March 3, 1958
(Seal)

Signed Robert Schoen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 1956

Notary Public, residing at Rupert, Idaho
My commission expires March 3, 1958
(Seal)

Signed Mrs Audrey Stickel
(Signature of Any Credible Person)

Rupert, Idaho
(Street Address, City, State)

DEC 14 1953

366-224-034-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 67566

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 85

FULL NAME OF CHILD Mary Louise Cook

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	3 24 1919

FATHER	MOTHER
FULL NAME: Allen Cook	FULL MAIDEN NAME: Lucy Hahn
RESIDENCE: Rupert	RESIDENCE: Rupert
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:17 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kinnaey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Apr. 3 1919 E. A. Elmore Registrar

Hosp. Birth Cert., Elko General Hosp., Elko, Nevada gives full name of child as Ronald Gene Reser, born Sept. 29, 1941 at 9:37A.M. to Kirby Louis Reser and Mary Louise Cook - viewed by V.S. married Oct. 28, 1936 at Rupert, Idaho - viewed by V.S. Hosp. Birth Cert., Elko, Nevada-Leslie A. Moren, M.D. gives full name of child as Helen Louise Reser, born Jan. 5, 1939 at 9 AM at Elko,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 31 1964
Bureau of Vital Statistics

State of Idaho
County of Minidoka

Elko County, Nevada to Kirby L. Reser and Mary Louise Cook, born Mar. 24, 1919 at Rupert, Idaho - viewed by V.S.

Certificate No. 67566
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cook (girl child) (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1919 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	has been omitted	Mary Louise Cook

Subscribed and sworn to before me this 16th day of Nov 1963

Robert S. Walch
Notary Public, residing at Rupert Idaho
My commission expires 7-1-65
(Seal)

Signed Mrs Lucy Cook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 576 Rupert Ido.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Nov 1963

Robert S. Walch
Notary Public, residing at Rupert Idaho
My commission expires 7-1-65
(Seal)

Signed June Gillespie
(Signature of Any Credible Person)
Rt #1 Rupert, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-8-63. ~~nm~~ one copy pd. rec. #15118.

FEB 1

863-128-034-693

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67567

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 86

FULL NAME OF CHILD ..... CLAUDE HORACE HOLLOWAY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 28 1917

FATHER

FULL NAME: Truman B. Holloway

RESIDENCE: Rupert

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Minerva Jane Witherspoon

RESIDENCE: Rupert

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ark

OCCUPATION: housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Ekmore

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-6-1917

A. A. Ekmore

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of KERN }

Certificate No. 67567
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death) for CLAUDE HORACE HOLLOWAY (Name on original certificate) who WAS BORN (Was born or died) on MAR. 28, 1919. (Date of event) in RUPERT, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by THE COUNTY RECORDS OF MINIDOKA CO. (Bible record, insurance policy, etc.) prepared on MARCH 30TH. 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Holloway	Claude Horace Holloway

Subscribed and sworn to before me this 30TH day of NOV., 1941.
Richard J. Luten
Notary Public, residing at Bakersfield, Cal.
My commission expires MY COMMISSION EXPIRES MAY 6, 1944
[SEAL]

Signed Mrs. Minerva J. Holloway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
343 Francis St. Bksfld Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1941.
[illegible]
Notary Public, residing at Baldwin Park Calif.
My commission expires
[SEAL] My Commission Expires January 17, 1943

Signed x Ferman B Holloway
(Signature of any credible person other than the previous affiant.)
309 So Garfield Alhambra Calif
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

113-111-034-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67568

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 87

FULL NAME OF CHILD RUPERT REYNOLD JACKSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	April 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Jackson	FULL MAIDEN NAME	Josie M Sanford
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 4-11 1919

E. W. Elmore
Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 67568
)ss
County of Lemhi) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Rupert R Jackson (Name on original certificate) who was born (was born or died) on April 11, 1919 (Date of event) in Rupert, Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Dr. Elmore's record (Bible record, insurance plcy.etc.) prepared on April, 1919 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Rupert Reynold Jackson

Subscribed and sworn to before me this 8 day of November 1943

Henry W. Tucker
Notary Public
Residing at Burley

My commission expires June 1, 1947

(SEAL)

Signed Wm Thomson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Lemhi)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November 1943

Henry W. Tucker
Notary Public
Residing at Burley, Ida

My commission expires June 1, 1947
(SEAL)

Signed Rupert Jackson
(Signature of any credible person other than the previous affiant.)
Burley
(Street address, City, State)

MAY 8 1973

154-227-034-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67569

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2013

File No. .....

Registered No. 88

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Edward Anderson	FULL MAIDEN NAME	Emma Stringham
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-25-1919

E H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 3/20/69

433-217
006-235

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67570
Local Reg. No.
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location): 20 Main

3. CHILD'S NAME (Type or print)

a. (First): Fay b. (Middle): Floretta c. (Last): McCurdy

4. SEX: F

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 17, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Frank b. (Middle): c. (Last): McCurdy

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Section Boss

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Floretta b. (Middle): c. (Last): Steffenson

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Davis, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED: April 5, 1919

21. DATE REC'D BY LOCAL REG.: April 5, 1919

22. REGISTRAR'S SIGNATURE: Mrs. Martin E. Patric

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: white

RACE OR COLOR OF MOTHER: white

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 25 1969
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 67570

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McCurdy (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fay Floretta McCurdy
Maiden Name of Mother	Steffensen	Steffenson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
February, 1969

Notary Public, residing at Blackfoot, Idaho
My commission expires October 27, 1971
(Seal)

Signed Orval L Funk
(Signature of Any Credible Person)

Route #4 Box 235 Blackfoot, Ida.
(Street Address, City, State)

FORM DH 60.155 L 6-19-67. one copy pd. rec. #11761.

Child's Birth Cert. on file: (Idaho Birth) #333461 gives full maiden name of mothe as Fay Floretta McCurdy - viewed by V.S.

L.D.S. Church Cert. of Blessing, June 1, 1919 gives full name as Fay Floretta McCurdy, daughter of Frank McCurdy and Floretta Steffenson, born March 17, 1919 at Blackfoot, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, May 1, 1927 gives full name as Fay McCurdy, daughter of Frank L. McCurdy and Floretta Steffenson, born March 17, 1919 - viewed by V.S.

493-114-006-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-[illegible]

CERTIFICATE OF BIRTH

67571

County of Bingham

City of Bekfoot

No. 20 Fisher St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 78

Hospital

FULL NAME OF CHILD ~~Unnamed~~ Donald ~~Dillard~~ Dillard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Mch 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leonidous B. Dillard	FULL MAIDEN NAME	Alice D. Sutton
RESIDENCE	Bekfoot	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	N. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Dawson

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 5 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 10 1944

815-207-006-316

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67572

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2007 ~~2194~~

File No. .....

Registered No. 68

FULL NAME OF CHILD RUTH AMELIA ~~Unnamed~~ Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Mar 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Franklin J. Hansen	FULL MAIDEN NAME	Florence Lawson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Ida.

Filed Apr 1 1919 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 20 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67582

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 7, 1919 (DATE OF EVENT)

in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bankers Life Co Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 4, 1937 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruth Amelia Hansen

Subscribed and sworn to before me this 18 day of Nov, 1942

Leon J. Chapman

Notary Public, residing at [illegible]

My commission expires [illegible]

(SEAL)

Signed Florence Hansen Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Blackfoot, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bingham

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Nov, 1942

Leon J. Chapman

Notary Public, residing at Blackfoot

My commission expires Apr 6 - 1946

(SEAL)

Signed Neola Clark

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Blackfoot, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 28 1942

335-204-006-243

PLACE OF BIRTH

Amended 10/2/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

67573

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. Parkinson Add. St.

Primary Registration District No. 1007

Registered No. 67

Hospital

FULL NAME OF CHILD Zeltha Helen Clegg Clegg

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie R. Clegg	FULL MAIDEN NAME	Zila Buttcane
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	New and Second Hand Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed Apr 1 1919 Mrs Walter E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 8 12 44 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 67573

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Clegg (female) (Name on Original Certificate) who was born (Was Born or Died) on March 4, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Zeltha Helen Clegg

Subscribed and sworn to before me this 5th day of September, 1978

Blanche Cook

Notary Public, residing at Salmon

My commission expires 4/10/1979

(Seal)

Signed Zilan Hollingshead

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

537 N. Cheri Lynn Chandler Ct

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1978

Blanche Cook

Notary Public, residing at Salmon

My commission expires 4/10/1979

(Seal)

Signed Otto V. Bailey

(Signature of Any Credible Person)

RH1 BX 122A Salmon Idaho

(Street Address, City, State)

FORM DH 60-155

CL 8/28/78

Certif of Blessing from the LDS Church gives name as Zeltha Helen Clegg daughter of Lester R. Clegg and Zila Buttcane. born March 4, 1919 at Blackfoot, Idaho. Blessed May 5, 1919. viewed by V. S.

OCT 2 1978

Certif of Baptism from the LDS Church gives name as Zeltha Helen Clegg daughter of Leslie R. Clegg and Zila G. Buttcane. born Mach 4, 1919 at Blackfoot, Idaho. Baptized March 5, 1927. viewed by V. S.

293-128-006-689

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67574

County of Bingham

City of Blackfoot

No. D. A. Shilling St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 605

FULL NAME OF CHILD [illegible] Bills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 28 1919

FATHER

FULL NAME: Rufus Gordon Bills

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Garage Prop.

MOTHER

FULL MAIDEN NAME: Zora Wright

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3. Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apr 1 1919

Mrs Walter E. Patrie
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-228-006-791

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67575

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. St.

Primary Registration District No. 1007

Registered No. 58

Hospital Jean Lorraine

FULL NAME OF CHILD ~~Mary~~ McMillan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		Second	Yes	Mar ~~[illegible]~~ 28 191 9 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Willard McMillan	FULL MAIDEN NAME	Ethel Pratt
RESIDENCE	North Blackfoot	RESIDENCE	North Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansa	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at, at 6 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot - Idaho

Filed May 31 1919 Mrs Walter E. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67575

County of Jerome } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jean Lorraine McMillan (Name on Original Certificate) who Born (Was Born or Died) on March 28 1919 (Date of Event)

in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", ~~"Cause of Death"~~, Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jean Lorraine McMillan
Jean Lorraine McMillan	March 28 1919	

Subscribed and sworn to before me this day of 4 4 1942

Francis Willard McMillan

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Williams G. Comstock

~~Notary~~ Public, residing at Jerome Idaho

My commission expires Probate Judge & Ex-Officio Clerk

(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed Francis Willard McMillan

(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires

(Seal)

(Street Address, City, State)

MAY 7 1942

MAY 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-203-006-243

PLACE OF BIRTH

Form V. S. No. 11-G-[illegible]-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67576

County of Bingham

City of Blackfoot

No. University

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 54

FULL NAME OF CHILD Elizabeth Anna Silene

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth Third

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Silene	FULL MAIDEN NAME	Leonora Brethan
RESIDENCE	Arco Idaho	RESIDENCE	Arco - Ida
COLOR	White - AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Dakota	BIRTHPLACE	Blackfoot
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Lemmons

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot - Idaho

Filed Mar 31 1919 Mrs Nettie E. Patrick

Registrar

Registrar

JUN 2 1 1971

395-223-006-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar-8-8-17

67577

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 44

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ Creel ELECTA ALICE CREEL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Sherman Creel	FULL MAIDEN NAME	Martha Elizabeth Crane
RESIDENCE	Pingree Idaho	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gnettey R Louk

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Mrs Pingree Idaho

Filed Mar 13 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 67577

State of Colorado }
County of Alamosa } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Electa Alice Creel (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1919 (Date of Event)
in Bingham County, Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Electa Alice Creel

Subscribed and sworn to before me this 4th day of April, 1944.

Signe M. Fleshman
Notary Public, residing at Alamos, Colo
My commission expires June 1st, 1946
(Seal)

Signed John S. Creel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415 10th St., Alamosa, Colo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado }
County of Alamosa } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1944.

Signe M. Fleshman
Notary Public, residing at Alamosa, Colo
My commission expires June 1st, 1946
(Seal)

Signed Elizabeth Creel
(Signature of Any Credible Person Other Than Previous Year)

415 10th St., Alamosa, Colo
(Street Address, City, State)

APR 2 6 1944

313-122-006-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67578

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. .....

Registered No. .....

FULL NAME OF CHILD Unnamed Caldwell

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo S. Caldwell	FULL MAIDEN NAME	Mary Zumbrunnen
RESIDENCE	Pingree Idaho	RESIDENCE	Pingree Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Pingree Mrs Gnethey R Louk

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pingree Idaho Louk

Filed Mar 13 1919 Mrs Walter E. Pahie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-129-006-917

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67579

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. .....

FULL NAME OF CHILD Merle Edwin Pea

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Miles Albert Pea	FULL MAIDEN NAME	Minnie Belle Ropp
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address Blackfoot Idaho

..... Registrar Filed Feb 13 1919 Mrs Nettie E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-125-006 483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R F # 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 67582

Primary Registration District No. 2194 Registered No. 49

FULL NAME OF CHILD Unnamed Teikert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 28 1919

FATHER		MOTHER	
FULL NAME	Gottlob Teikert	FULL MAIDEN NAME	Kathrina Miller
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Mar 26 1919

Registrar

799 - 114-006-432

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 67583

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 570

FULL NAME OF CHILD Doreen Hammett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 11 19

FATHER		MOTHER	
FULL NAME	Hyrum A Hammett	FULL MAIDEN NAME	Annie C McBride
RESIDENCE	Blackfoot Ida Route 4	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W G Lewis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 31 19 19 Mrs Walter E Yates

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-127-006-148

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67584

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 51

FULL NAME OF CHILD Eldon Landen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3 27 1919

FATHER		MOTHER	
FULL NAME	Charles Francis Landon	FULL MAIDEN NAME	Maria Jung
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 15 Pm. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Mar 31 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-107-006-153

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67585

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No.

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 52

FULL NAME OF CHILD Don Sparks

Sex of Child Boy

Twin Triplet or other? twin and Number in order of birth 1st
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry Howard Sparks	FULL MAIDEN NAME	Kate Louisa Anthony
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas Mo.	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. L. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Mar 31 1919 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1957

271-1A6-006-153

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67586

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 53

FULL NAME OF CHILD Dean ANTHONY Sparks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	twin		2nd	Yes	4 6 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Howard Sparks	FULL MAIDEN NAME	Kate Louise Anthony
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas Mo.	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mar 31 1919 Mrs Walter E. Patrie

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67586

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dean Sparks	Dean Anthony Sparks
birthdate	April 7, 1919	April 6, 1919

Subscribed and sworn to before me this 11
day of March, 1942

Notary Public, residing at San Francisco

My commission expires
(Seal)

NOTARY PUBLIC In and for the City and County of San Francisco, State of California
My Commission Expires December 21, 1943

Signed Rose I. Sparks - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

945 O'Farrell St San Francisco Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

OCT 25 1951

753-109-006-381

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Roy C. Peterson

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible] 2Mm-3-8-17

67587

Registration District No. 121

File No. .....

Primary Registration District No. 2[illegible]

Registered No. 55

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
MALE	✓		3rd	Yes	Mar 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Peterson	FULL MAIDEN NAME	Mary Iva Chatfield
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Minnesota
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Biermann

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Mar 31 1919 Mrs Nettie E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT

STATE OF IDAHO)
: ss.
COUNTY OF BINGHAM)

Theodore C. Peterson, of Blackfoot, Idaho, being first duly sworn, deposes and says:

That he has this day examined the Register of Vital Statistics for Bingham County, Idaho, kept by Mrs. Patrie, local registrar, and found that Registeration #55, filed March 31, 1919, by Dr. Simmons is absolutely and technically correct as to the child's birth, names, ages and other information of and relative to the parentage of the said child;

That a mistake has been made in the name and sex of the child; that instead of being a female and named Gladys Peterson, the child was a male and was named Roy C. Peterson;

That affiant is unable to give any reason for this mistake and adds that Dr. Simmons, the attending physician, afterwards left the State of Idaho, and is now located, so affiant is informed and believes, somewhere in Iowa.

That this affidavit is furnished as a justification for the correction of this record. That I am the father of the said Roy C. Peterson

Theodore C Peterson

Subscribed and sworn to before me this 5th day of July, 1941.

Lorenzo R Thomas
Notary Public for Idaho.
Residing at Blackfoot, Idaho.

17-8-4

154-121-006-719

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67588
Local Reg. No.
Reg. Dist. No. 121

Amended 5/13/75

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Grant
b. (Middle): Darwin
c. (Last): Anderson

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) March (Day) 21, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Philip
b. (Middle):
c. (Last): Anderson

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Cora
b. (Middle): L.
c. (Last): Parsons

13. AGE (At time of this birth): 30 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Simmons
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Blackfoot, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Mar. 31, 1919
22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 6 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

11-5-73

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 24 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 67588

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Anderson (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1919 (Date of Event)
in Thomas, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Journal (Bible Record, Insurance Policy, Etc.) prepared on 21 March 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Albert Anderson	Darwin Grant ~~Darwin~~ Anderson
Date of birth	March 5	March 21, 1919
Mother's first name	Carol	Cora Lillian Parsons

Subscribed and sworn to before me this 5th day of March, 1975

Notary Public, residing at Blackfoot, Idaho
My commission expires October 1976
(Seal)

Signed Mrs. Phyllis Hall
(Signature of parent or attendant if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record~~; or other credible person.)

700 North Shilling, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Correction correspondence

2 copies pd Rec. # 26585

Journel record gives name as Grant Darwin Adnerson born Mar 21, 1919. Blessed May 3, 1919. Baptized July 4, 1927. Married May 23, 1936. viewed by V. S.

MAY 1 [illegible]

Certificate of Ordination to the Holy Priesthood gives name as Grant Anderson. Ordained a Deacon on April 26, 1931. On back gives nameas Grant Darwin Anderson father's name as Philip Anderson and mother's nameas Cora Lillie Parsons. Born March 21, 1919. Baptized June 4, 1927. viewed by V. S.

389-224-006-417

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67589

County of Bingham

City of Riverside

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 2196

Registered No. 57

Hospital

FULL NAME OF CHILD Norma Anna Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		First	Yes	Mar 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rasmus Christensen	FULL MAIDEN NAME	Dagma
RESIDENCE	~~Denmark~~ Riverside	RESIDENCE	Riverside
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Green River Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Registrar

Filed Mar 31 1919 Mrs Nellie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1957

691-223-006-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Moreland Precinct

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67590

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 59

FULL NAME OF CHILD Unnamed Frazier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 23 1917

FATHER		MOTHER	
FULL NAME	John H. Frazier	FULL MAIDEN NAME	Annie Alley
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer.	OCCUPATION	house wife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

(Signature) Mrs. Edna Hammond

midwife (Physician or midwife)

Address Moreland

Filed Mar. 31 1917 Idaho.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

699-130-006-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. General Delivery

Hospital

FULL NAME OF CHILD Unnamed Roland Rd Wright

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67591

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 61

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 30 1919

FATHER		MOTHER	
FULL NAME	Cyril J. Wright	FULL MAIDEN NAME	Esther Robinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1100 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Peck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed April 1 1919 Mrs Nater E. Petrie

Registrar

OCT 2 1961

JUL 3 0 1969

719-125-006-796

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#2 St.

Hospital

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67592

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 62

FULL NAME OF CHILD Hayes Elmont Unnamed Parrish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra Parrish	FULL MAIDEN NAME	Queen Valenia Grow
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Apr 1 1919 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-223-006-819 Amended 10-11-72

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67593

County of Bingham

City of Blackfoot

No. R. D. St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 63

Hospital

FULL NAME OF CHILD Elnora Louise Pendlebury

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth March 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Pendlebury	FULL MAIDEN NAME	Cecile Nell Harper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah U.S.A.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Apr 1 1919 Mrs Walter E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 11 12 09 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67593

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eldora Louise Pendlebury (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Eldora Louise Pendlebury	Elnora Louise Pendlebury
Date of birth	March 22, 1919	March 23, 1919

Subscribed and sworn to before me this 11th day of October, 19 72

Florence Curtright

Notary Public, residing at Boise

My commission expires 1-20-76

(Seal)

Signed Mrs. Wayne Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 9/21/72 nm

Family Bible Record gives name as Elnora Louise Pendlebury born March 23, 1919 in Blackfoot,Idaho to John Henry Pendlebury and Cecile Nell Harper. Bible Record obviously old.
Viewed by V.S.

OCT 11 1972

Church Record gives name as Elnora Louise Pendlebury born March 23,1919 in Blackfoot,Idaho to John Henry Pendlebury and Cecile.Nwell Harper.
Viewed by V.S.

299-215-006-255

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rim-8-8-17

67594

CERTIFICATE OF BIRTH

Registration District No. 121 File No. .....

Primary Registration District No. 2164 Registered No. 64

FULL NAME OF CHILD Marjorie Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar. 15 1919

FATHER

FULL NAME Ephriam Briggs

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Inez Benson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 12:30 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Apr 1 1919 Mrs. Nettie E. Yates

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-114-006-289

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form [illegible]-11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67595

AMENDED CHILD'S DATE OF BIRTH 6-3-97 MS

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. .....

FULL NAME OF CHILD Glenn Eugene Unnamed Kofoed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver LeRoy Kofoed	FULL MAIDEN NAME	Mabel Byington
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Apr 1 1919 Mrs Nettie E Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5-22-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Tehama } ss.

...ISTICS
97 JUN -2 PM 1:50

Certificate No. 1919-67595
Date Filed APR. 1, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for GLENN EUGENE KOFOED (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 14, 1919 (Date of Event)

in BLACKFOOT (BINGHAM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S DATE OF BIRTH	MARCH 14, 1919	MARCH 10, 1919

Subscribed and sworn to before me this 30th day of May, 1997

Notary Public, Patricia D. Spangle

Residing at 332 Pine St. Red Bluff CA

My commission expires 7/2/99

(Seal)

Glenn E. Kofoed
Signature of Applicant

1231 CASA GRANDE Red Bluff
Street Address, City, State
CA. 96080

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

PATRICIA D. SPANGLE
COMM. # 1063770
Notary Public — California
TEHAMA COUNTY
My Comm. Expires JUL 2, 1999

Supp...

Street Address, City, State

lcc sent 5-15-97

PREVIOUS CORRECTION AFFIDAVIT STATES CHILD'S DATE OF BIRTH IS MARCH 10 1919
BUT THE DATE OF BIRTH CORRECTION WAS NOT ONE OF THE ITEMS TO BE CORRECTED
VIEWED VS.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 67595
)ss
County of Bingham) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Glenn Eugene Kofoed (Name on original certificate) who was born (was born or died) on March 10th 1919 (Date of event) in Blackfoot, Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Personal knowledge of affiant ~~(Bible record, insurance plcy.etc.)~~ prepared on mother of said ~~(Give date)~~ are:

Glenn Eugene Kofoed

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Glenn Eugene Kofoed

Subscribed and sworn to before me this 10th day of September 1941

Signed Mabel Kofoed
(Signature of parent or ~~attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

[signature]
Notary Public
Residing at Blackfoot Idaho

Moreland, Idaho
(Street address, City, State)

My commission expires July 7th 1941

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.....)
)ss
County of.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....19..

Signed.....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at.....

.....
(Street address, City, State)

My commission expires.....
(SEAL)

14-61-6

613-109-006-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67596

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 66

FULL NAME OF CHILD LAWRENCE RUEL Fackrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Ruel Fackrell	FULL MAIDEN NAME	Mildred Olive Wickstrum
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Apr 1 1919 Mrs Mitt E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 67596

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for LAWRENCE RUEL FACKRELL (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on MARCH 9, 1919 (DATE OF EVENT)
in BLACKFOOT, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by BAPTISMAL RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 1, 1919 (GIVE DATE), are: ✓

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Fackrell	Lawrence uel Fackrell

Subscribed and sworn to before me this 5th
day of January, 19 42.

C. L. Lane

Notary Public, residing at Van Nuys Calif.
My commission expires Commission Expires April 14, 1945
(SEAL) NOTARY PUBLIC in and for the County
of Los Angeles, State of California

Signed Mrs. Mildred Gende (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4828 Saloma Ave. Van Nuys, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of January, 19 42.

C. L. Lane

Notary Public, residing at Van Nuys, Calif.
My commission expires April 14, 1945
(SEAL)

Signed Raymond P. Stalls
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

6248 Kraft Ave. North Hollywood, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

219-208-006-299

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67597

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. RD # 2 St.

Primary Registration District No. 2194

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ REVA Baird

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Mar 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asa Baird	FULL MAIDEN NAME	Winnifred Kirkman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Apr 1 1919 Mrs Walter E Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BINGHAM }

Certificate No. 67597

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Baird	Reva Baird

Subscribed and sworn to before me this 2nd day of March, 1942

Lurana R. Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1943

[SEAL]

Signed Winnifred Kirkman Baird

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Firth, Idaho P. O. Box 92

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BINGHAM }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. shown by family record. exhibited to me.

Subscribed and sworn to before me this 2nd day of March, 1942

Notary Public, residing at Blackfoot, Idaho

My commission expires July 17-1945

[SEAL]

Signed Lurana R. Thomas

(Signature of any credible person other than the previous affiant.)

717 SO. Shilling Ave. Blackfoot, Idaho

(Street Address, City, State)

Received for filing on ..... By .....

(Registrar's signature)

259-122-006-165

amended 11/26/79

Form V. S. No. 11-G—25m-9-8-17

67598

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Bladyrat

No. Groveland St.

Registration District No. 121 File No.

Primary Registration District No. 2195 Registered No. 70

Hospital

FULL NAME OF CHILD Alvin Berthel Bergeson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin F Bergeson	FULL MAIDEN NAME	May Jones
RESIDENCE	Bladyrat, Idaho #1	RESIDENCE	Bladyrat, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address April 3-1919 Mrs Nathan E. Patrick

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942
AUG 19

7-30-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 16 10 25 AM '79
VITAL STATISTICS

State of _____ } ss.
County of _____

Certificate No. 67598
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Alvin Berthel Bergison (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 22, 1919 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Alvin Berthel Bergison	Alvin Berthel Bergeson

Subscribed and sworn to before me this 10 day of August, 1979.
Notary Public, Linda S. Cooper
Residing at Maricopa County, Arizona
My commission expires Nov. 13, 1982
(Seal)

A. Berthel Bergeson
Signature of Applicant
433 So. Barkley Mesa, Arizona
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1979.
Notary Public, Linda S. Cooper
Residing at Maricopa County, Arizona
My commission expires Nov. 13, 1982
(Seal)

Geneva Black Stout
Supporting Signature
524 S. Barkley
Street Address, City, State

Marrige certif from Utah gives names as Alvin Verthel Bergeson and Ruth Stout. dated Nov 28, 1942. viewed by V. S.

NOV 2 6 1979

State of Idaho Operator's Renewwl Stub #106868 gives name as Alvin Berthel Bergeson. born zMarch 22, 1919. dated Aug 4, 1939. viewed by V. S.

695-227-006-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Burnside St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67599

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 71

FULL NAME OF CHILD Marvin Agnes Fresh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	March 27 1919

FATHER		MOTHER	
FULL NAME	Irvin J. Fresh	FULL MAIDEN NAME	Margaret Brown
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

Address

Filed Apr 3-1919 Wm Walter E. Patrick

NOV 1 1 1971

25-1-206-006-25'5-

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Groverland St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 67600

Primary Registration District No. 2194 Registered No. 72

FULL NAME OF CHILD Erma Lorane Beasley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 6 1919

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl G. Beasley	FULL MAIDEN NAME	Sarah G. Benson
RESIDENCE	Blackfoot, Idaho Route 1	RESIDENCE	Blackfoot, Idaho Route 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Mitchell
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed April 3 1919 Mrs. Walter Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Canada
County of Province of Alberta } ss.

Certificate No. 67600

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH ERMA BEHSLEY (Birth or Death)
for ERMA BEASLEY (Name on Original Certificate) who WAS BORN (Was Born or Died) on 6th day of MARCH (Date of Event) A.D. 1914.
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about the time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Emma	Erma

Subscribed and sworn to before me this 22nd day of March, 1949.

Notary Public, residing at Brooks
My commission expires at my death
(Seal)

Signed Mrs Sarah Beasley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Brooks Alberta Canada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Canada
County of Province of Alberta } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1949.

Notary Public, residing at Dodsbury, Alta
My commission expires for life Canada
(Seal)

Signed R J Benson
(Signature of Any Credible Person)

Dodsbury Alberta
(Street Address, City, State)

MAY 16 1949

[redacted]

[redacted]

[redacted]

07602

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of ..... Registration District No. 121 File No. .....

No. 389-211-006-995 St. Primary Registration District No. 2191 Registered No. 74

Hospital .....

FULL NAME OF CHILD Margaret Otha Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mch 11 1919

FATHER		MOTHER	
FULL NAME	Shurtliff Myron Christensen	FULL MAIDEN NAME	Ella Idaho Ziegler
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 pm on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hamplain M.D.

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

Filed Apr 3 1919 Mrs Nathan E. Patrick

Registrar

Registrar

867-129
006 235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V-2 No. 11-0

67603

County of Bingham

City of Bekfoot

No. McDonaldville St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 75

Hospital

FULL NAME OF CHILD Glen Farrel Hoffine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X		X	Yes	Mch 27 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Hoffine	FULL MAIDEN NAME	Minnie Steffenson
RESIDENCE	Bekft - McDonaldville	RESIDENCE	Bekft - McDonaldville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Apr 2 1919 Mrs Nathan E. Patrick

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

11 10 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 19 11 21 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 67603

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hofhine (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Hofhine	Glen Farrel Hofhine

Subscribed and sworn to before me this 10th day of November 1972

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Alice Hofhine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

240 So Lincoln Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Jean J. Hofhine born June 10,1938 in Firth , Idaho Idaho State File No. 268022 gives fathers name as Glen Farrel Hofhine.
Viewed by VS

MAR 19 1975

Marriage certificate and license gives name of groom as Glen Farrel Hofphine. Married December 23, 1937, County of Bonneville, Idaho State for Idaho.
Viewed by V.S.

165-118-006-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67604

County of Bingham

City of Blkfoot

No. between Rivers St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 6

Hospital Samuel Doyle

FULL NAME OF CHILD Hermamed Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Mch 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Jones	FULL MAIDEN NAME	Emily Curtis
RESIDENCE	Blkft between Rivers	RESIDENCE	Blkft between Rivers
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 2 1919 Mrs Nellie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 23 1974

MAY 8 1942

865-216-006-154 name added 1/15/80

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. RFD 3 St.

Hospital

Registration District No. 121

File No. 67605

Primary Registration District No. 2194

Registered No. 77

FULL NAME OF CHILD Helen Hone

Sex of Child —

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mch 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Hone	FULL MAIDEN NAME	Phillis Anderson
RESIDENCE	Bekft RFD 3	RESIDENCE	Bekft RFD 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Apr 5 1919 Mrs Nathn E. Pa[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-31-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 21 9 29 AM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss.

Certificate No. 67605
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Hone (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 16, 1919 (Date of Event)

in Blackfoot, (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Helen Hone

Subscribed and sworn to before me this 8th day of November, 1979.

Notary Public [signature]
Residing at Pocatello Id
My commission expires 1-1-83
(Seal)

Elen Hone (Bueri)
Signature of Applicant

456 S. 11th Pocatello, Id 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Social Security card #519-03-2125 gives name as Helen Hone dated 6=26=37. viewed by V. S.

Marriage license and Certif. from Idaho givs name as Edward D. Bieri and the bride's name as Helen Hone. viewd by V. S. July 11, 1939. viewed by V. S.

JAN 15 1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Winchester

No. Louise Johnson House

Registration District No. 48

File No.

Hospital 363-226-031-133

Primary Registration District No. 2127

Registered No. 96

FULL NAME OF CHILD Dorothy Grace Cotter

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar. 26, 1919

FATHER		MOTHER	
FULL NAME	Earl John Cotter	FULL MAIDEN NAME	Ruby Belle Allen
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Logging Time Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. W. Langhlen

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester, Idaho

Filed April 1 1919 John L. Kelly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828 Registrar

MARGIN RESERVED FOR BINDING

WHITE PLASTICITY WITH UNDERLYING INK—THIS IS A PERMANENT RECORD

DUP OF 1919-71930 + 87585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67607

PLACE OF BIRTH

County of Bo[illegible]

239-204-0[illegible]

City of

No. St.

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No. 1513

Hospital

FULL NAME OF CHILD Mary Bertha Strong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jany 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harley H. Strong	FULL MAIDEN NAME	Emma Steel
RESIDENCE	Valley Ida	RESIDENCE	Valley - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kans.	BIRTHPLACE	Minn.
OCCUPATION	timberman	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

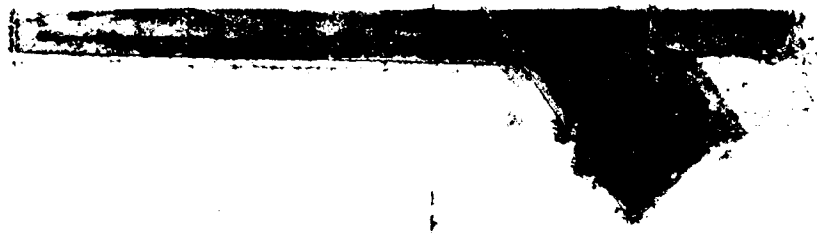
19

Address Rathdrum, Ida.

Filed Jan 19 19 Dr. M. McKinnon (Sgm) Registrar

Registrar

S-Y CO. 24656



293-1[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible] 25m-9-8-17

57608

CERTIFICATE OF BIRTH

County of Bonner

City of Broten

Registration District No. 78

File No.

No. St.

Primary Registration District No. 2155

Registered No. 1514

Hospital

FULL NAME OF CHILD Robert Martin Kittelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan'y (Month) 1st (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Martin Kittelson	FULL MAIDEN NAME	Rosalia Pauline Peterson
RESIDENCE	Priest River, Idaho	RESIDENCE	Broten, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minnesota	BIRTHPLACE	North Dakota
OCCUPATION	Soldier	OCCUPATION	Teaching

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs T. C. Newington

Nurse (Physician or midwife)

Given names added from a supplemental report.

19

Address Midas, Idaho

Registrar

Filed Feby 5th 1919

Dr. M. McKinnon (Sgn) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1942

613 - 210 - 009 - 963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 67609

County of Bonner

City of Priest River

Registration District No. 78

No. Homestead St.

Primary Registration District No. 2155

Registered No. 1511

Hospital

FULL NAME OF CHILD Norma Jean Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	March 10 1919

FATHER	MOTHER
FULL NAME: Clark M. Wallace	FULL MAIDEN NAME: Myrtle L. Rockford
RESIDENCE: Priest River Idaho	RESIDENCE: Priest River Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Washington
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth: Five

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.30 A. M. on the date above stated.

(Signature) Clark M Wallace

(Physician or midwife)

Address Priest River Idaho

Filed Apr. 10 1919 Dr. M. McKinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 19

133-226-009-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67610

County of Bonner

City of ~~Sandpoint~~ Colburn

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. .....

Registered No. 1509

FULL NAME OF CHILD Marjorie Blanche Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George R. Allen	FULL MAIDEN NAME	Viola Benear
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Feb 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1956

238-121-009-464

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67611

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 1512

FULL NAME OF CHILD Walter William Schwartz

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	other	—	yes	3 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter W. Schwartz	FULL MAIDEN NAME	Grace Dodge
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wis.
OCCUPATION	Forestry Service	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Anderson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb. 5 1919 M. McKinnon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

843-217-009-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67612

County of Bonner

City of Laclede

No. — St.

Hospital —

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1510

FULL NAME OF CHILD Laverne Hull

Sex of Child Female

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb. 17 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dykes Hull	FULL MAIDEN NAME	Mammie Inez
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. King M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Laclede, Idaho

19

Filed Feb 1919

M. McKinnon (Ikm)
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-217-009-994

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67613

County of Bonner Co.

City of Sandpoint

No. 609 Fifth St.

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No. 1516

Hospital

FULL NAME OF CHILD Patricia Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		First.	yes.	3 17 1919

FATHER

FULL NAME Clarence Emory Anderson

RESIDENCE 609 6th St.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Minneapolis Minn.

OCCUPATION News shop dealer

MOTHER

FULL MAIDEN NAME Genevieve Courtance Ridley

RESIDENCE 609 6th St.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Sandpoint Idaho

OCCUPATION Office girl.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 3-4 P. M. on the date above stated.

(Signature) C F Page M.D.

(Physician or midwife)

Address

Filed Apr. 15 1919 Dr. M. Mc Kennon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...LY WITH UNFADING INK—THIS ...

JUN 3 194[illegible]

863-106
009-666

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-6-8-17

67614

County of Bonner

City of Sandpoint

No. — — — — St.

Registration District No. ..... File No. .....

Primary Registration District No. 2155 Registered No. 1515

Hospital City

FULL NAME OF CHILD Leonard Holweg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	4 (Month) - 6 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Holweg	FULL MAIDEN NAME	Matilda Froemke
RESIDENCE	Sandpoint, Ida	RESIDENCE	Sandpoint Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Butzville N Dak
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wardle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Ida

Filed Apr 1919 Dr. M. McKinnon Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

599-116
010-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 67615

No. ..... St.

Primary Registration District No. 2110

Registered No. 91

Hospital .....

FULL NAME OF CHILD Marvin Arthur Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4/16/1919

FATHER		MOTHER	
FULL NAME	Arthur Erickson	FULL MAIDEN NAME	Goldie Freed
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oakland Neb	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/16/19, at 6:30 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Bolingmo M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

..... Registrar

Filed Ap 19 1919 Wm Cimmins Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 25 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 67615

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Erickson (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 16, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marvin Arthur Erickson

Subscribed and sworn to before me this 17th day of August, 19 66.

Lavar L. Erickson

Notary Public, residing at Idaho Falls, Idaho.

My commission expires March 1, 1970.

(Seal)

Mother
Signed Goldie C. Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 5 Box 54, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8-9-66. one copy pd. rec. #17579.

Certificate of Baptism, baptized June 7, 1922 g ves full name as **Marvin** Arthur E ickson, born April 16, 1919 at Idaho Falls, Idaho to Arthur Albin Erickson and Goldie Kristina Erickson - viewed by V.S.

AUG 9 19E

The Columbian National Life Insurance Co. Policy Application, dated Oct. 15, 1930 gives full name as Marvin Arthur Erickson, born April 16, 1919, age 11, in Idaho Falls, Idaho - viewed by V.S.

845-207
010-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67616

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 94

Hospital

FULL NAME OF CHILD Donna Elberta Nunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	4/7/1919

FATHER		MOTHER	
FULL NAME	Elbert Nunn	FULL MAIDEN NAME	Lucy Sophia Zitting
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	U.S. Army	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/5/1919 (Born alive or stillborn) at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergunstan M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Registrar

Filed Apr 11 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

DEC 10 1942

613-101-010-254

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67617

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2110

Registered No. 93

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4/1/19

FATHER		MOTHER	
FULL NAME	Ernest W. Walquist	FULL MAIDEN NAME	Hannah Bedin
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Chase Co. Neb.	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/1/19 (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Hedenquist M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed Apr 11 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1975

MAR 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-219-010-113

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67619

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. 91

Hospital

FULL NAME OF CHILD Artie Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Feb. 19 1919

FATHER		MOTHER	
FULL NAME	G. George Davis.	FULL MAIDEN NAME	Artie Jackson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Spanish Fork, Utah	BIRTHPLACE	Tokeville, Utah
OCCUPATION	Salesman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

Filed Apr 2 1919

Registrar

Registrar

8-Y-CO 38071

935-102-010-695

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67620

County of Bannock

City of Pocatello

Registration District No. 23 File No.

No. St.

Primary Registration District No. 2100 Registered No. 91

Hospital

FULL NAME OF CHILD Allen Emerson Gleason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Feb 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emerson Wright Gleason	Mary Freeze
RESIDENCE	Roberts Ida	Roberts, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Burlington, Wis.	Poplar, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry L. Gillespie M. D.
M. D.
(Physician or midwife)

Address Pocatello, Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 2 1919

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-010-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67621

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2101 Registered No. 29

Hospital

FULL NAME OF CHILD Lois Bernice Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Feb. 1 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugo Ezra Smith	Bernice Carver
RESIDENCE	Idaho Falls, Ida R.F.D. #1	Idaho Falls, Ida R.F.D. #1
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	17
BIRTHPLACE	Bonneville, County	Smithfield Utah
OCCUPATION	Farmer.	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p. M. on the date above stated.

(Signature) Harry L. Gibson M.D.

MD

(Physician or midwife)

Address Idaho Falls Ida

Filed Apr 2 1917 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-208-010-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

Registration District No. 73

File No. 67622

No. ____ St.

Primary Registration District No. 2170

Registered No. 64

Hospital ____

FULL NAME OF CHILD Ivy Lois Wilde

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 8 1919

FATHER	MOTHER
FULL NAME Wallace Wilde	FULL MAIDEN NAME Carrie Nelson
RESIDENCE Idaho Falls Ida	RESIDENCE Idaho Falls, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mink Creek, Ida	BIRTHPLACE Mink Creek, Idaho
OCCUPATION Farmer	OCCUPATION housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 3:30 p. M. on the date above stated.

(Signature) Harry L. Gillson, M. D.

M D

(Physician or midwife)

Address Idaho Falls Ida

Filed Apr 2 19 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-105-010-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 67623

Primary Registration District No. 2100 Registered No. 87

FULL NAME OF CHILD Quentin James Tobin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 5 1919

FATHER		MOTHER	
FULL NAME	John Thomas Tobin	FULL MAIDEN NAME	Lillian M. Ross
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Salem, Mass.	BIRTHPLACE	Nova Scotia, Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls Ida

Filed Jan 2 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-213-010-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67624

County of Bonneville

City of Idaho Falls

Registration District No. 23 File No.

No. St.

Primary Registration District No. 2170 Registered No. 46

Hospital Theda McBride

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	March 13 1919

FATHER		MOTHER	
FULL NAME	Clarence B. McBride	FULL MAIDEN NAME	Ellen M. Bennett
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Bear Lake, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary L. Wilson M.D.
M D
(Physician or midwife)

Address Idaho Falls Ida

Filed Jan 2 1919

Registrar

S-Y-CO 38071

JUL 1 9 1973

396-214-010-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67625

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2170

Registered No. FV-

Hospital

FULL NAME OF CHILD Constance Trowbridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	March 14 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Harrison H. Trowbridge		Delia K. Donnely	
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho Falls, Ida	BIRTHPLACE	Jefferson So. Dakota
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Filed Apr. 2 1919 [signature] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1960
JAN 24 1961

753-207-010-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67627

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 43

Hospital

FULL NAME OF CHILD GWENDOLYN CHARLOTTE PETERSON

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4/7/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hubert Peterson	FULL MAIDEN NAME	Mildred Anderson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pilot Mound Iowa	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Bancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/7/19 (Born alive or stillborn) at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Sodergren M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Registrar

Filed April 1 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 67627
)ss
County of Bonneville) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Peterson (Name on original certificate) who was born (was born or died) on April 7th, 1919, in Idaho Falls, Idaho (Date of event) (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by personal knowledge ~~prepared on~~ as child's mother (Bible record, insurance plcy.etc.) (~~Give date~~) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Gwendolyn Charlotte Peterson

Subscribed and sworn to before me this 10th day of April 1942,

Signed Florence Mildred Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul C. Peterson
Notary Public
Residing at Idaho Falls, Idaho.

R. F. D. #4 Idaho Falls, Idaho
(Street address, City, State)

My commission expires March 9th, 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Bonneville)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April 1942.

Signed A. P. Sodergren M.D.
(Signature of any credible person other than the previous affiant.)

Paul C. Peterson
Notary Public
Residing at Idaho Falls, Idaho.

1st Security Bank Bldg.,
Idaho Falls, Idaho
(Street address, City, State)

My commission expires March 9th, 1944.
(SEAL)

APR 15 1942

MAR 8 1971

338-226
010-857

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

67628

County of Bonneville

City of Idaho Falls

No. R7 D4 St.

Hospital

Registration District No. 73

Primary Registration District No. 21 v 7

File No.

Registered No. F2

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. N. Schwartzman	FULL MAIDEN NAME	Dorothy Hagen
RESIDENCE	Idaho Falls Ida R4.	RESIDENCE	Idaho Falls R4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed Apr 4 1919 Wm Kennard Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-130-040-391

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67629

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 21 V D

Registered No. 41

Hospital

FULL NAME OF CHILD GENE BLAIR SHIRLEY

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3/ 30/ 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Shirley	FULL MAIDEN NAME	Elizabeth Crabtree
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Clerk in store	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 3/30/19 (Born alive or stillborn), at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 4/2 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67629
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed Shirley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 30, 1919 (DATE OF EVENT) in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Gene Blair Shirley

Subscribed and sworn to before me this 10 day of June, 1942

Thomas K. Whits
Notary Public, residing at Twin Falls Ida.
My commission expires January 28 1944
(SEAL)

Signed Charles Shirley (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
206 Buchanan St Twin Falls Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June 1942

Thomas K. Whits
Notary Public, residing at Twin Falls Ida.
My commission expires January 28, 1944
(SEAL)

Signed Claude Mendiola
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
302-2nd Ave. So. Twin Falls, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 11 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 16 1942

253-123-010-759

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Idaho Ave 17 St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

67631

Registration District No. 73 File No.

Primary Registration District No. 2170 Registered No. 79

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	fifth	Yes	March 23 1917

FATHER		MOTHER	
FULL NAME	Frank Keller	FULL MAIDEN NAME	Anna Gergen
RESIDENCE	New Sweden	RESIDENCE	New Sweden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

19

Registrar

Filed Mar 27 1917 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-220-010-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67632

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 74

Hospital General

FULL NAME OF CHILD Barbara Luella Seda

Sex of Child Female

Twin Triplet or other? and Number in order of birth First (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 20th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George W. Seda	FULL MAIDEN NAME	Avis Marie Martin
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Monmouth, Iowa	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed Mar 27 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 4 1967

JAN 2 1 1943

695-117-010-336

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67633

County of Bonneville

City of Idaho Falls Registration District No. 73 File No.

No. St. Primary Registration District No. 2170 Registered No. 77

Hospital General Hospt Frank Earnest

FULL NAME OF CHILD Ralph Lloyd Finlayson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Third	Yes	Feb 17 1919

FATHER		MOTHER	
FULL NAME	Ernest Wilson Finlayson	FULL MAIDEN NAME	Pruedella Lloyd
RESIDENCE	Spencer Idaho	RESIDENCE	Spencer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Payson Utah	BIRTHPLACE	Spanish Fork Ut.
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Feb 17 1919 at 8:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

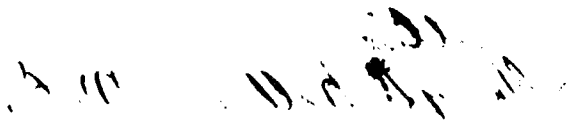
Filed Mar 27 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



519-122-010-369

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67634

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2140 Registered No. 76

Hospital General

FULL NAME OF CHILD George E Varin

Sex of Child	Twin Triple or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	2 (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene M Varin	FULL MAIDEN NAME	Ada Mary Cole
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	David City Neb.	BIRTHPLACE	Drexell Mo
OCCUPATION	Cattleman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 31

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2/22/19 (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Registrar

Filed May 27 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-222-010-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 87635

County of Bonneville

City of Idaho Falls Registration District No. 73 File No.

No. St. Primary Registration District No. 2110 Registered No. 715

Hospital General

FULL NAME OF CHILD Martha Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	Yes	2 / 22 / 1917

	FATHER	MOTHER
FULL NAME	Eugene M Warren	Ada Mary Case
RESIDENCE	Victor Idaho	Victor Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	David City Neb	Ordell Mo
OCCUPATION	Cattleman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 2-22-1917 (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Idaho Falls Ida.

Filed Mar 27 1917 [illegible] Registrar

JUN 24 1942

JAN 25 1963

239-119-010-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67636

County of Bonneville

City of Idaho Falls Registration District No. 73 File No.

No. St. Primary Registration District No. 2140 Registered No. 74

Hospital General Hosp.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male Boy	First (To be answered only in event of plural births)	Yes	Jan 19 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Lew William Klingler	FULL MAIDEN NAME: Emma Edenia Ward
RESIDENCE: Idaho Falls Ida.	RESIDENCE: Idaho Falls Ida.
COLOR: white AGE AT LAST BIRTHDAY 20 (Years)	COLOR: white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE: Rexburg Idaho	BIRTHPLACE: Rexburg Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

MD (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed Mar 27 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263 - 228-010 -993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

67638

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

Registration District No. 73

Primary Registration District No. 2110

File No. .....

Registered No. 72

FULL NAME OF CHILD NORA GENE KOCH

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	Second (To be answered only in event of plural births)	Yes	Feb. 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Buntzen Koch	FULL MAIDEN NAME	Margie Ritchie
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bozeman Mont.	BIRTHPLACE	Bozeman Mont.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Mar 27 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67638

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Feb. 28, 1919 (Birth or Death) for Baby not named when certificate filed (Name on Original Certificate) born (Was Born or Died) on Feb. 28, 1919 (Date of Event) in Idaho Falls, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Nora Gene Koch

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed H. L. Willson, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of Dec, 1943.

Eugene Olsen

Notary Public, residing at Iona Ida

My commission expires July 23 44
(Seal)

Signed Mrs. W. R. Rushton
(Signature of Any Credible Person Other Than Previous Year)

Iona, Idaho
(Street Address, City, State)

DEC 17 1943

619 - 102 - 010 - 152

Form V. S. No. 11-C—22m-8-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67639

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 71

FULL NAME OF CHILD George Anson Warner

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	First (To be answered only in event of plural births)	Yes	Mar. (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George T Warner	FULL MAIDEN NAME	Helen Anna Anson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	West Philadelphia, Pa.	BIRTHPLACE	Milford, Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L Wilson M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Filed Mar 27 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-212-OK-253

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 67640

No. ..... St.

Primary Registration District No. 2140

Registered No. 70

Hospital General Hospt.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Sixth	Yes	Feb 17th 1919

FATHER		MOTHER	
FULL NAME	Arthur William Schwinde	FULL MAIDEN NAME	Louella Keller
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Lewiston minn.	BIRTHPLACE	Mink Creek Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry H. Willson M. D.

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Mar 27 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name 'Arthur Carvel Schwieder' removed from cert. 12/11/08 "lo "
Aff. signed by A.W. Schwieder (father) was to add name to son born on March 26,1910

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-105-010-765

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 245 Birch St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

67641

Registration District No. 13

Primary Registration District No. 215-c

File No.

Registered No. 49

FULL NAME OF CHILD Edward Joseph Higham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		First	Yes.	Feb 9 1919

FATHER

FULL NAME: Joseph Lawrence Higham

RESIDENCE: Antelope Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Antelope, Ida.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Katherine Marie Gottsche

RESIDENCE: Antelope, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Cestos, Okla.

OCCUPATION: House-wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Harry L. Willson M. D.

(Physician or midwife)

Address

Filed Mar 27 19 19 [illegible] Registrar

466-107-010-466

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67642

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

Registration District No. 73

Primary Registration District No. 2107

File No. .....

Registered No. 64

FULL NAME OF CHILD Robert F. Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Third	Yes	March 7 1919

FATHER	MOTHER
FULL NAME: Bliss Moore	FULL MAIDEN NAME: Helen N. Moore
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White — AGE AT LAST BIRTHDAY 35 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE: Provo, Utah.	BIRTHPLACE: Phil. Penn.
OCCUPATION: Mining Engineer Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson

Md (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed May 27 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/10/41 L. B.

Amended 4-29-58

PLACE OF BIRTH

117-221-010-212

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 67643

Primary Registration District No. 2150 Registered No. 67

FULL NAME OF CHILD Fern Dorothy Jaggers

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 21, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. T. Jaggers	FULL MAIDEN NAME	Dorothy Baker
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bannock, Mont.	BIRTHPLACE	Picabo, Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. R. Soderquist, M. D.

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Filed March 27, 1919 Wm. Kinnaird Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 67643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Joggers (Name on Original Certificate) who was born (Was Born or Died) on 3-21-19 (Date of Event)
in Idaho Falls (Place of Event) 235670 are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by # 224477 (Bible Record, Insurance Policy, Etc.) prepared on Marriage License (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Jan. 29, 1938 Viewed by v.s.	
Child's Name	Unnamed Joggers	Fern Dorothy Jaggers
Father's Last Name	R. F. Joggers	R. T. Jaggers

Subscribed and sworn to before me this 23 day of September, 19 47.

Notary Public, residing at Boise Idaho
My commission expires October 6 - 1948
(Seal)

Signed Dorothy M. Mallon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1573 West Washington
(Street Address, City, State)
Boise Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of September, 19 47.

Notary Public, residing at Boise Idaho
My commission expires October 6 - 1948
(Seal)

Signed Chas R Mallon
~~Dorothy M. Mallon~~
(Signature of Any Credible Person)

1573 West Washington
(Street Address, City, State)
Boise Idaho

FORM DPH 55. 155

537-204-010-691

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67644

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 66

Hospital General

FULL NAME OF CHILD ~~Mildred~~ ~~Mildred~~ Elg Mildred Ellen Elg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	First	Yes	Mar 4th 1919

FATHER		MOTHER	
FULL NAME	Oscar Paul Elg	FULL MAIDEN NAME	Amelia Franceen
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Tidholm Sweden	BIRTHPLACE	Tidholm Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 3/4/19 (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodenquist M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Registrar

Filed Mar 27 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 6 19

986-126-010-312

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 14th St.

Hospital Odd Fellows Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 67645

Primary Registration District No. 2140 Registered No. 65

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Pritchard Rhoades	FULL MAIDEN NAME	Della Labrum
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20 yrs
BIRTHPLACE	Idaho Falls, Idaho,	BIRTHPLACE	Meadow, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 Day M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Mar 27 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-112-010-753

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R 1 P.O. Box 244 St.

Hospital

Form V. S. No. 11-C—25m-8-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67646

Registration District No. 73 File No.

Primary Registration District No. I.I.V.D. Registered No. 44

FULL NAME OF CHILD Charles William Peeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 12 1929

	FATHER	MOTHER
FULL NAME	John Thomas Peeler	FULL MAIDEN NAME Rose Marie Peterson
RESIDENCE	R 1 Idaho Falls Ida.	RESIDENCE R 1 Idaho Falls, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE Brigham City Utah
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls Ida

Filed Mar 27 1929 [signature] Registrar

231-110-010-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. 3 St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67647

Registration District No. 73 File No.

Primary Registration District No. 2110 Registered No. 63

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	yes	Mar 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Shirley Black	FULL MAIDEN NAME	Verna Johnson
RESIDENCE	R.3 P.O. Box 95 Idaho Falls	RESIDENCE	R 3 Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Deseret, Millard Co. Utah	BIRTHPLACE	Diary Colonia, Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho.

19

Filed May 27 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689 - 217
010 - 315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Lee Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67650

Registration District No. 73

Primary Registration District No. 2107

File No.

Registered No. 6

FULL NAME OF CHILD Juesser Lucile Whiting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Feb 17 19[illegible]

FATHER		MOTHER	
FULL NAME	Jone W. Whiting	FULL MAIDEN NAME	Margarette Carlson
RESIDENCE	Lee Ave. City	RESIDENCE	Lee ave. Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Filed Mar 27 19 19 [illegible] Registrar

155-101
010-819

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 67651

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 271 Ninth St.

Registration District No. 73 File No.

Primary Registration District No. 2140 Registered No. 1-9

Hospital

FULL NAME OF CHILD George Martin Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	yes	Mar (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Aldo Jensen	FULL MAIDEN NAME	Ada M Harmon
RESIDENCE	Spencer Idaho	RESIDENCE	Spencer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Elsnore Utah	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Registrar

Filed Mar 27 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-115-010-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Emerson & 5th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67652

Registration District No. 73 File No.

Primary Registration District No. 2 1 V D Registered No. 1 7

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	yes	Feb 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert P Albretsen	FULL MAIDEN NAME	Ludy E. Peterson
RESIDENCE	Near to Dubois Idaho ~~Copenhagen, Denmark~~	RESIDENCE	Dubois, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Copenhagen, Denmark	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farmer & Musician	OCCUPATION	School Teacher at Small, Idaho

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Registrar

Filed Mar 27 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 253-123 010-274

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67653

County of Bonneville

City of Idaho Falls

No. 11th & Boyer St.

Hospital

Registration District No. 73

Primary Registration District No. 2100

File No.

Registered No. 57

FULL NAME OF CHILD Robert Earl Bell

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin C Bell	FULL MAIDEN NAME	Lura Spear
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dakota
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Registrar

Filed Mar 27 1919 [signature] Registrar

299-126-010-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67654

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2-10-2 Registered No. 0-6

Hospital

FULL NAME OF CHILD William Andrew Kirk, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	3/26/1919

FATHER		MOTHER	
FULL NAME	Andrew Kirk	FULL MAIDEN NAME	Susan Caramore
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	California
OCCUPATION	Chemist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 3/26/19 (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Registrar

Filed 3/26 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] - 195[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 010-627

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67655

County [redacted]ewville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2110

Registered No. 4-V-

Hospital

FULL NAME OF CHILD CARL OSGOOD SPATH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) / 24 (Day) / 19 (Year)

FATHER		MOTHER	
FULL NAME	Chester A. Spath	FULL MAIDEN NAME	Gladys M Osgood
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	3 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 3/24/19 (Born alive or stillborn), at 7:10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

19

Registrar

Filed Mar 26 1919 [signature] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 67655
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for C Osgood Spath (Name on original certificate) who was born Mch 24-1919 (Was born or died) on Mch 24-1919 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record etc (Bible record, insurance policy, etc.) prepared on Mch 24-1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
~~Carl Osgood Spath~~ Name	~~C Osgood Spath~~ C Osgood Spath ~~Carl Osgood~~	Carl Osgood Spath

Subscribed and sworn to before me this 20th day of May 1941

Jeannie D. Carlin
Notary Public, residing at Long Beach.
My commission expires 6-19-43
[SEAL] NOTARY PUBLIC In and for the County of Los Angeles, State of California

Signed C Osgood Spath (father)
(Signature of parent or attendant if correcting a birth record; or of attendant, funeral director, informant if correcting a death record; or other credible person)
230 Nira Mar Ave, Long Beach Calif
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May 1941

Jeannie D. Carlin
Notary Public, residing at Long Beach.
My commission expires 6-19-43
[SEAL] NOTARY PUBLIC In and for the County of Los Angeles, State of California

Signed T. E. Holz
(Signature of any credible person other than the previous affiant)
351 Loma Ave, Long Beach Calif
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

[illegible]

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 442 - 210
070 - 799

Form V. S. No. 11-C—25m-3-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67657

County of Bonneville

City of Idaho Falls

No. 15-1 — 4th St.

Hospital

Registration District No. 73

Primary Registration District No. 2180

File No.

Registered No. 1-3

FULL NAME OF CHILD Laura Mae Musgrave

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Clifton Musgrave	FULL MAIDEN NAME	Laura Grove
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Plain City Ut.	BIRTHPLACE	Plain City Ut.
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed Jan 30 1919 Wm Kennard

Registrar

613 - 213
001 - 593

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67663

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 124 File No. 1

Primary Registration District No. 2202 Registered No. 25

FULL NAME OF CHILD Cleo Lucile Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	2/13/1919

FATHER		MOTHER	
FULL NAME	H L Watson	FULL MAIDEN NAME	Hattie Nichols
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Lynx M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kuna Ida

Filed 4/4 1919 H. K. Allman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 299-214
041-866

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67665

County of Teton

City of Victor

No. _____ St.

Hospital _____

Registration District No. 77

Primary Registration District No. 2176

File No. Fair

Registered No. _____

Full Name of Child Alice Brinton

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Jan (Month) 14 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	M. H. Brinton	FULL MAIDEN NAME	Edna Howe
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dingg

Registrar

Filed Feb 5 1919 Martha Marker
Registrar

K

813-120-041-281

~~PLACE OF~~ BIRTH

name added 1-15-85 dl

Form V. S. No. 11—25m-6-15-18

STATE OF ~~IDAHO~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67667

County of Teton

City of Victor

No. _____ St.

Hospital _____

Registration District No. 77

Primary Registration District No. 2176

File No. Fine

Registered No. _____

Full Name of Child Smith Eldon Hatch

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. H. Hatch	FULL MAIDEN NAME	Elizabeth M. Shaw
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Ingo

Registrar

Filed Feb 5th 1919 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-2-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 11 1985
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 67667
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hatch (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 20, 1919 (Date of Event)

in Victor (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Smith Eldon Hatch

Subscribed and sworn to before me this 4th day of January, 1985

Notary Public, Kay Lynn Hoer

Residing at Ogden, Utah

My commission expires 5-16-87

(Seal)

Smith E Hatch
Signature of Applicant

159 W 2nd
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc credit

Application for Beneficial Life Ins lists applicant as Arlene H Hatch and husband as Smith Eldon Hatch age 28. Dated Jan 29, 1947. Viewed by V.S.

JAN 15 1985

Honorable Discharge lists Smith E Hatch born Jan 20, 1919 in Victor Idaho was discharged Oct 6, 1945. Viewed by V.S.

553-227-041-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67668

County of Teton

City of Driggs

No. ____ St.

Hospital ____

Registration District No. 77

File No. 54

Primary Registration District No. 2176

Registered No. ____

FULL NAME OF CHILD Reva Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	1 27 1919

FATHER	MOTHER
FULL NAME: David William Nelson	FULL MAIDEN NAME: Grace Alvina Byron
RESIDENCE: Driggs	RESIDENCE: Driggs
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Smithfield Utah	BIRTHPLACE: Taylorsville Utah
OCCUPATION: School Teacher	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 A.M. on the date above stated.

(Signature) Mrs. Mae Nelson

Midwife (Physician or midwife)

Address ____

Filed Feb 5 1919 Martha Marker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

8-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 23 12 03 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67668

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Nelson (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 27, 1919 (Date of Event)

in Driggs, Idaho (teton) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Reva Ann Nelson

Subscribed and sworn to before me this 18 day of May, 1977

Allan U Lloyd

Notary Public, residing at Rexburg

My commission expires 9-30-79

(Seal)

Signed Grace B. Nelson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

92 K Street Rexburg Idaho 83440

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of May, 1977

Allan U Lloyd

Notary Public, residing at Rexburg

My commission expires 9-30-79

(Seal)

Signed Marie Sakota

(Signature of Any Credible Person)

Rexburg, Idaho

(Street Address, City, State)

FORM DH 60-155

OL 2/18/77 nm

JUN 2 0 1977

Certif of Baptism and Confirmation from thte LDS Church gives name as Reva Nelson daughter of David William Nelson and Grace Alvina Byron. born ~~Jaxx~~ Jan. 27, 1919. BaPtized July 26, 1941. viewed by V. S.

Fami y Bible record gives name as Reva Nelson born Jan 27, 1919 at Driggs,Idaho. viewed by V. S.

293-129-041-866

PLACE OF BIRTH

County of Teton

City of Cache

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH 67669

Registration District No. 77 File No. Seven

Primary Registration District No. 2176 Registered No. _____

Full Name of Child NEWMAN HOOPES BICKMORE

SEX OF CHILD: Male	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Jan 29th (Month) (Day) 19 (Year)	

FATHER	MOTHER
FULL NAME: J. D. Bickmore	FULL MAIDEN NAME: Clara Hoopes
RESIDENCE: Cache	RESIDENCE: Cache
COLOR: W. AGE AT LAST BIRTHDAY: 48 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: School Teacher	OCCUPATION: H W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 4:35 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leroy Smith
Physician

(Physician or midwife)

Address Driggs

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 5 1919 Martha A Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 67669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (probably) Baby Bickmore who was born on Jan 29 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Cache Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Newman Hoopes Bickmore
Date	June 30th	January 29, 1919

Subscribed and sworn to before me this 10
day of Oct, 1942.

Notary Public, residing at Ogden Utah

My commission expires Sept 23 — 43
(Seal)

Signed Clara P. Emrich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2050 Jefferson Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of October 1942

Notary Public, residing at Ogden Utah

My commission expires March 6 1943
(Seal)

Signed Miss Emma Phillips
(Signature of Any Credible Person Other Than Previous Year)

2014 Madison
(Street Address, City, State)
Ogden Utah

OCT 16 1942

168-201-091-415

Amended 8-2-63

(Be sure the information is complete and accurate)

State File No. 67670

Local Reg. No.

Reg. Dist. No. 77

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Teton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Teton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): La Von b. (Middle): c. (Last): Johnson

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 1, 1919

FATHER OF CHILD

7. FULL NAME a. (First): Lawrence b. (Middle): D. c. (Last): Johnson

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Clara b. (Middle): c. (Last): Danielson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: W. Leroy Smith

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 10, 1919

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, ir case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. #67670

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on February 1, 1919 (Date of Event)

in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Johnson	La Von Johnson
Sex of Child	Male	Female

Subscribed and sworn to before me this 2 day of August, 1962

Hazel A. Hurlbert

Notary Public, residing at Eagle, Ida

My commission expires Sep 28, 1964

(Seal)

Signed Harold D. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2417 Kootenai Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

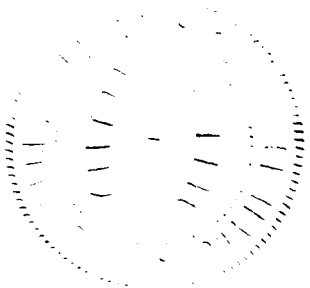
.....

(Street Address, City, State)

FORM DH 60-155

Copy of Church records signed by Vernon Winger, Ward Clerk, L. D. S. Church gives name as La Von Daniels and name of father as Lawrence D. Johnson. Blessed Feb. 1, 1919. Viewed by V. S.

Marriage License of Charles B. Daniels and La Von J. Peacock, married Nov. 12, 1947, at Idaho Falls, gives maiden name as La Von Johnson. Viewed by V. S.



844-110-041-314

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH 67671

Registration District No. 77 File No. Nine

Primary Registration District No. 2176 Registered No. _____

Full Name of Child George A. Humble

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Feb 10 (Month) (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	W. H Humble	FULL MAIDEN NAME	Agnes Campbell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Utah
		OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leon Smith
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar

Filed Mar 10 1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1952

892-213-041-245

Amended 5-3-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67672
Local Reg. No.
Reg. Dist. No. 77

1. PLACE OF BIRTH
a. COUNTY: Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bates
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Teton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bates
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Hope
b. (Middle):
c. (Last): Hibbert

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): Feb. 13, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Gerald
b. (Middle): Clyde
c. (Last): Hibbert

8. AGE (At time of this birth): 21 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Ann
c. (Last): Kunz

13. AGE (At time of this birth): 20 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. Leroy Smith
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Driggs, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Mar. 10, 1919
22. REGISTRAR'S SIGNATURE: Martha Marker
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

District where the birth occurred within 10 days after the date of birth of the child. Address OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67672

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Hope Hibbert (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1919 (Date of Event) in Bates (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
place of birth	Bates	Victor ?
name of mother	Marian	Mary Ann (First Middle)
father's middle name	Not Given	Clyde

Subscribed and sworn to before me this 15 day of March, 1968

Frank L. Hurlbert

Notary Public, residing at Rexburg

My commission expires Sept 28 1968

(Seal)

X Signed Gerald C. Hibbert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2608 Kennedy St. Boise Idaho 83705

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of April, 1968

Notary Public, residing at Victor, Idaho 83455

My commission expires Feb. 21, 1971

(Seal)

Signed Lillian K. Dustin

(Signature of Any Credible Person)

P.O. Box Victor, Ida.

(Street Address, City, State)

Mother's Death Cert. on file: (Idaho Death) #35362 gives full name of deceased as Mary Ann Kunz Hibbert - viewd by V.S. informant is given as Gerald Clyde Hibbert -

Family Record, appears old and unaltered gives full names as Gerald Clyde Hibbert, born Oct. 18, 1897 at Enterprise, Utah and Mary Ann Kunz, born June 23, 1898 at Bates, Idaho - viewed by V.S.

5-3-68 decided toleave birthplace as it is - in office

389-222-041-636

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **67674**

County of Teton

City of Driggs Name added 11-14-80

Registration District No. 77

File No. Twelve

No. _____ St.

Primary Registration District No. 2176

Registered No. _____

Hospital _____

Full Name of Child Carma Ruby Christiansen

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb (Month) 22 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Ramon R. Christiansen	FULL MAIDEN NAME	Ruby Floyd
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	HW.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs

_____ Registrar

Filed Mar 10 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 67674
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Christiansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 22, 1919 (Date of Event)

in Driggs (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Carma Ruby Christiansen
Sex of Child	Male	Female

Subscribed and sworn to before me this 7th day of October, 1980.
Notary Public, Linda G. Wittie
Residing at Idaho Falls, ID
My commission expires Lifetime
(Seal)

Carma Ruby Christiansen Couty
Signature of Applicant
385 Lincoln Drive
Street Address, City, State
Idaho Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of TETON

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Sept, 1980
Notary Public, [illegible]
Residing at Driggs
My commission expires _____
(Seal)

Earl G. Sewell Notary Public
My Commission Expires May 1, 1981

Merle F. Sewell
Supporting Signature
Box 185 Driggs, Ida 83422
Street Address, City, State
DOB 18 July 1901

NOV 14 1980

Certificate of Blessing gives name as Carma Christiansen born 2-22-19 at Driggs. Francis Reynolds-Bishop Driggs LDS ward. Viewed by V.S.

Application to Beneficial Life Ins. Co. gives name as Carma Ruby Christiansen, born 2-1919 at Driggs to Ramon Christiansen. Dated 10-21-29. Viewed by V.S.

PLACE OF BIRTH 812-124-041-165

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67675

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 77

File No. Thirteen

Primary Registration District No. 2176

Registered No. _____

Full Name of Child Alvin Gary Hastings

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W O Hastings	FULL MAIDEN NAME	Bertha Jones
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:05 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leon Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Drigg

Filed Mar 10 1919 Martha Marker

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

[redacted] OF BIRTH

[redacted] ton

[redacted] lt

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67676

No. 314-126-041-575 St. Registration District No. 77

Primary Registration District No. 2176

Hospital

[redacted] Fourteen

Full Name of Child

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Feb 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. P. Laughlin	FULL MAIDEN NAME	Mary Van Leuven
RESIDENCE	Helt	RESIDENCE	Helt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including prese[redacted]

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at [redacted] on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Inggs

Registrar

Filed Mar 10 1919 Martha Ma[redacted]

PLACE C

County of

City of

Ile No.

Registered No.

(Year)

-544-120-041-55-6

PLACE OF BIRTH

County of Teton

City of Tetonia R D

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

67677

Registration District No. 77 File No. Septem

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Charles Neff Eddington

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: March 20 (Month) (Day) 19 (Year)	

FATHER		MOTHER	
FULL NAME	Edward Eddington	FULL MAIDEN NAME	Liselle Neff
RESIDENCE	Tetonia R. #1	RESIDENCE	Tetonia Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer & Carpenter	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician (Physician or midwife)

Address Driggs

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Apr 6 1919 Martha E Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1975

JAN 15 1952

649-221-041-664

PLACE OF BIRTH

County of Teton

City of Bates

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67679

Registration District No. 77

Primary Registration District No. 2176

File No. Eighteen

Registered No. .....

Full Name of Child .....

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Mar 21 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W M Furnise	FULL MAIDEN NAME	Rhoda Moulton
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Ho

Number of child of this mother, including present birth 7 ..... Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dingo

..... Registrar

Filed Apr 26 1911 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-114-041-893

PLACE OF BIRTH

County of Teton

City of Driggs R.D. No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67680

Registration District No. 77 File No. Nineteen

Primary Registration District No. 2176 Registered No. ____

FULL NAME OF CHILD Cecil Call Christensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	April 14 1919

FATHER	MOTHER
FULL NAME: Roscoe Christensen	FULL MAIDEN NAME: Hazel Hill
RESIDENCE: Driggs R.D. 1	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Woodruff Utah	BIRTHPLACE: Lincon Co Wioming
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 P. M.

(Signature) Mrs Anna Larsen

(Physician or midwife)

Address Driggs R.D.1. Bx 25

Filed Apr 28 1919 Martha Marker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JAN 21 1986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Elk River — Registration District No. 91 — File No. 67663

No. ____, ____ St. — Primary Registration District No. 2168 — Registered No. ____

Hospital Hospital

FULL NAME OF CHILD Betty Druzilla

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	Yes	April 21, 1919

FATHER		MOTHER	
FULL NAME	Perle Vernon Kitby	FULL MAIDEN NAME	Effie Jane Lillard
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Walton M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Elk River Idaho,

Filed April 26 1919 A. C. MacRae Registrar

..... 19.....

..... Registrar

S-Y CO., 16870

dup of 1919-395657

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF IDAHO
[redacted]TAL STATISTICS
[redacted]TE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

County of [redacted]

City of Avery

No. 689-229-040-694 St.

Registration District No. _____ File No. 67719

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vera Frances Whiles

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray O. Whiles	FULL MAIDEN NAME	Ina E. Wimberly
RESIDENCE	Avery-Ida	RESIDENCE	Avery-Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinoise	BIRTHPLACE	Illinoise
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray O. Whiles
Jas. C. Bussey
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Avery Ida

Filed Feb. 1919

Registrar

Registrar

S-Y-CO 38071

NOV 29 1966

249-205-CVE-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67721

Registration District No. 54

Primary Registration District No. 2139

File No. _____

Registered No. _____

FULL NAME OF CHILD Adelaide Emma Smith

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: 3 (Month) 5 (Day) 1919 (Year)

FATHER

FULL NAME: Warren L. Smith

RESIDENCE: Argo, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mazy, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice Reese

RESIDENCE: Argo Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Moore, Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

(Signature) E. W. Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed Mch 24 1919

O. J. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Mch 24 1919

O. J. Allen Registrar

S-Y-CO. 38071

JUN 1 1 1971

295-206-012-032

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of ~~Moore~~ Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67722

Registration District No. 59

File No. .....

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Clara Hazel King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	March (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clifford King	FULL MAIDEN NAME	Hazel Martha Olsen
RESIDENCE	Moore Idaho	RESIDENCE	Moore Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) S. I. Parrison

Physician (Physician or midwife)

Address Arco Idaho

Filed Mch 30 1919 O. J. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Mch 30 1919

O. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 7 1975

292-111-012-15-4

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Moore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67723

Registration District No. 59

Primary Registration District No. 2139

File No. _____

Registered No. _____

FULL NAME OF CHILD Albert F. Bischoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 11 1919

FATHER		MOTHER	
FULL NAME	Albert F. Bischoff	FULL MAIDEN NAME	Jeannette R. Anderson
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Bear Lake Co. Utah	BIRTHPLACE	Ft. Green, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Patterson - Dentist

Physician (Physician or midwife)

Address Moore, Idaho

Given names added from a supplemental report.

Apr 24 1919

O. J. Allen Registrar

Filed Apr 30 1919 O. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-9-211-012-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 67724

Primary Registration District No. 2139 Registered No. _____

FULL NAME OF CHILD Maida Lavon Merrill

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 4 (Month) 11 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Samuel J. Merrill	FULL MAIDEN NAME Edna Fulmer
RESIDENCE Arco Idaho	RESIDENCE Arco, Idaho
COLOR white	AGE AT LAST BIRTHDAY 40 (Years)
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Smithfield, Utah	BIRTHPLACE Providence, Utah
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Physician (Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

Apr 20 1919 O. J. Allen Registrar

Filed Apr 20 1919 O. J. Allen Registrar

S-Y-CO. 36071

JUL 3 3 1945

389-225-012-249

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of

No. St.

Hospital

Registration District No. 59

Primary Registration District No. 2139

File No. 67725

Registered No.

FULL NAME OF CHILD Leah Maurene Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 25 1919

FATHER		MOTHER	
FULL NAME	Arthur Dillive Christensen	FULL MAIDEN NAME	Leah Harriet Smith
RESIDENCE	Berenice	RESIDENCE	Berenice
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Clinton Iowa	BIRTHPLACE	Chicago Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Patterson

Physician

(Physician or midwife)

Address Arco. Idaho.

Given names added from a supplemental report.

Apr 22 1919

O. J. Allen Registrar

Filed Apr 22 1919 O. J. Allen Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-215-012-236

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67726

County of Butte

City of Arco

No. _____ St.

Hospital _____

Registration District No. 59

File No. _____

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD ROSA JANE Balding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 15 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Harry R. Balding	FULL MAIDEN NAME Elouisa Scott
RESIDENCE Berenice, Idaho	RESIDENCE Berenice, Idaho
COLOR White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Guthrie, Iowa	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

Apr. 20 1919

O. J. Allen
Registrar

Address Arco, Idaho

Filed Apr 20 1919

O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 67726

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rosa Jane Balding (Name on Original Certificate) who was born (Was Born or Died) on April 15-1919 (Date of Event)
in Berenice, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April 5-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Rosa Jane Balding

Subscribed and sworn to before me this Twenty-eighth day of March, 19 45

Signed Harry R Balding-Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Alameda, California

My commission expires February 16-1947
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

APR 6 1945

3551-210 808-545

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67727

PLACE OF BIRTH

County of Nez Perce

City of Juliaetta

No. Ida St.

Hospital

Registration District No. 92 File No. 6

Primary Registration District No. 2170 Registered No. 48

FULL NAME OF CHILD Hazel Jean Evans

Sex of Child Girl | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Apr. 10 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Herbert Arthur Evans	FULL MAIDEN NAME Inavel Ellen Bundy
RESIDENCE Juliaetta Idaho	RESIDENCE Juliaetta Ida
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Swartz Creek Mich.	BIRTHPLACE Winn Mich
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9. 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoskins.

(Physician or midwife)

Address Agatha Ida

Given names added from a supplemental report

19

Filed 4/12 1919 E. E. Watts

Registrar

S-Y CO. 20174

Registrar

[redacted]

AUG 1 9 1942

791-214-035-314

PLACE OF BIRTH name added 6-7-83

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67728

County of Nez Perce

City of Culdesac

Registration District No. 92

File No.

No. St.

Primary Registration District No. 2170

Registered No. 49

Hospital

FULL NAME OF CHILD Ermel Everta Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	yes	4 14 1919

FATHER		MOTHER	
FULL NAME	Alfred M. Grant	FULL MAIDEN NAME	Mary E Laughlin
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 0 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 4-14-1919

E. E. Watts
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67728

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Grant (female) (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1919 (Date of Event) in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ermel Everta Grant

Subscribed and sworn to before me this 17 day of May, 1983

Notary Public, residing at Culdesac

My commission expires Oct 24 1985

(Seal)

Signed Elva Sturman - sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 4/13/76

Family Bible gives Ermel Everta Grant born April 14, 1919. Obviously old Bible.
Viewed by V.S.

JUN 16 1983

Wage Statement Request from Social Security Administration gives Mrs Ermel Everta Reed of Plummer, Idaho Account Number 531 16 6173 birth date 4-14-19
Dated and post marked Feb 2, 1973. Viewed by V.S.

Death Notice of Mary A Correll on May 24, 1967 lists daughter as Ermel E. Reed.
Viewed by V.S.

719-121-035-241

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67729

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. 6

Registered No. 60

FULL NAME OF CHILD MELVIN LORENZO PARKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	No	1	Yes	4 21 1919

FATHER		MOTHER	
FULL NAME	Claude E Parks	FULL MAIDEN NAME	Millie Smathers
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 4-21 1919

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Pierce Wash } ss.
County of W Pierce

Certificate No. 67729
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Parks (Name on original certificate) who was born (Was born or died) on April 21, 1919 (Date of event)
in Hookout, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Parks	Melvin Lorenzo Parks

Subscribed and sworn to before me this 18th
day of December, 1941
Perry Scheibler
Notary Public, residing at Tacoma
My commission expires June 25, 1943
[SEAL]

Signed James O. Parks (Bro.)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
432½ Fawcett - Tacoma, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of December, 1941
Perry Scheibler
Notary Public, residing at Tacoma
My commission expires June 25, 1943
[SEAL]

Signed Mrs Nellie Davis (Mother)
(Signature of any credible person other than the previous affiant.)
432½ Fawcett Tacoma, Wn.
(Street Address, City, State)

Received for filing on JAN 2 By
(Registrar's signature)

533-104-012-546

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

67730

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD — Frank William Ellensohn Ellensohn

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Apr. 6 1919

FATHER	MOTHER
FULL NAME: Daniel W. Ellensohn	FULL MAIDEN NAME: Lattie M. Edwards
RESIDENCE: Arco Idaho.	RESIDENCE: Arco Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Burlington Colorado.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) J. F. Allerson

Physician (Physician or midwife)

Address Arco. Idaho.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Apr. 29 1919

O. J. Allen Registrar

Filed Apr 29 1919 O. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1946

295-222-018-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67731

Registration District No. 59 File No. .....

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Lula Blanch Bingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 2 1919

FATHER	MOTHER
FULL NAME: Jesse Edgar Bingham	FULL MAIDEN NAME: Minnie Mabel Stoddard
RESIDENCE: Deceased	RESIDENCE: Moore, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Morgan Utah
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7a M. on the date above stated.

(Signature) Dr D F Patterson

(Physician or Midwife)

Address Giren, Idaho

Filed Apr 1 1919 O J Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Apr 1 1919

O J Allen Registrar

S-Y-CO. 38071

DEC 24 1942

295-120-012-212

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67732

County of Butte

City of Berenice

No. _____ St.

Hospital _____

Registration District No. 59

Primary Registration District No. 2139

File No. _____

Registered No. _____

FULL NAME OF CHILD DWIGHT HARBY King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James H. King	FULL MAIDEN NAME	Elsie Baker
RESIDENCE	Berenice, Idaho	RESIDENCE	Berenice, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Buchert

Sister
(~~Physician or~~ midwife)

Address Berenice, Idaho

Given names added from a supplemental report.

Apr 1 1919

O. J. Allen
Registrar

Filed Apr 1 1919

O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Butte }

Certificate No. 67732
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Harby Dwight King (Name on original certificate) who born (Was born or died) on March 20, 1919 (Date of event) in: Berenice, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by home record book (Bible record, insurance policy, etc.) prepared on April 30, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	~~Dwight Harby King~~
		Dwight Harby King

Subscribed and sworn to before me this 24th day of February, 1942.

Notary Public, residing at Arco, Ida

My commission expires March 1, 1945

[SEAL]

Signed Elsie H. King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Howe, Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Butte }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of Feby, 1942.

Notary Public, residing at Arco, Ida

My commission expires March 1, 1945

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

Arco, Ida
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

952-203-012-318

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 17

File No. 67733

No. _____ St.

Primary Registration District No. 2139

Registered No. _____

Hospital _____

FULL NAME OF CHILD Jamie Zeiger.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	10	yes	Feb. 3 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Zeiger	FULL MAIDEN NAME	Janette Layton
RESIDENCE	Moore Ida.	RESIDENCE	Moore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43.
BIRTHPLACE	Switzerland.	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) S. J. Patterson

Physician

(Physician or midwife)

Address Arco. Idaho

Filed Apr. 1 1917 O. J. Allen

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Apr. 1 1917 O. J. Allen

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5

381-122-012-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ____ St.

Hospital ____

Registration District No. 59

Primary Registration District No. 2139

File No. 67734

Registered No. ____

FULL NAME OF CHILD James Ross Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		8	Yes	Apr 22 1919

	FATHER	MOTHER
FULL NAME	Thos W Chamberlain	FULL MAIDEN NAME Christina Larson
RESIDENCE	Arco	RESIDENCE Arco
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Utah	BIRTHPLACE Denmark
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Arco Idaho
(Physician or midwife)

Address ____

Given names added from a supplemental report.

Apr 23 1919

O. J. Allen
Registrar

Filed Apr 23 1919

O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A F F I D A V I T.

STATE OF IDAHO)
) SS
COUNTY OF BUTTE)

KNOW ALL MEN BY THESE PRESENTS:

That on this the 26th day of December 1941, personally appeared Thomas Chamberlain, who after first being duly sworn deposes and says:

That he is the father of James Ross Chamberlain who was born April 22nd, 1919, at Arco, Butte County, State of Idaho. This information is taken from family record as to date and personal knowledge of affiant. Affiant is not informed as to whether a report was made to the register of vital statistics at time of birth and this statement is made to establish citizenship of my son James Ross Chamberlain.

Thos Chamberlain

Subscribed and sworn to before me the day and year in this instrument above written .

Notary Public for the State of Idaho,
Residing at Arco, Idaho.

My Commission expires May 23rd, 1942.

DEC 27 1941

334-204-013-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

[redacted] TISTICS

CERTIFICATE OF BIRTH

67735

PLACE OF BIRTH

County of Canas

City of Soldier

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Mary Jean Cluer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	April 4 1919

FATHER		MOTHER	
FULL NAME	Leland Melford Cluer	FULL MAIDEN NAME	Hazel May Walker
RESIDENCE	Soldier, Idaho.	RESIDENCE	Soldier, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 19 19

L Wilencheck Registrar

7-16-41

897-225-013-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67736

PLACE OF BIRTH

County of Kaus

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Mary Rachel Higgs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	April 25 1917

FATHER		MOTHER	
FULL NAME	Nelson B. Higgs	FULL MAIDEN NAME	Josephine R. Faull
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kentucky	BIRTHPLACE	Kans.
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Address Fairfield, Idaho.

Filed May 10 1917 L Wilencheck
Registrar

Named from card 9-16-42 M.H.

SEP 16 1942

993-120-033-763

Form V. S. No. 11—24m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67737

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. _____

Registered No. _____

FULL NAME OF CHILD Keith Eldon Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 20 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Herbert Riley		Ada Gertrude Goldthorpe
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Brick Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on April 20, 1919 at 8:36 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson, M.D.

Rexburg, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 4/28 1919 J. R. Young Registrar

Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 67737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Keith Eldon Riley (Name on Original Certificate) who born (Was Born or Died) on April 20, 1919, (Date of Event)
in Rexburg, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on April 7, 1943, (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Reiley	Riley
Name	Unnamed	Keith Eldon Riley

Subscribed and sworn to before me this 7th
day of April 19 43.

Mary Smith
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943.
(Seal)

Signed Bert Riley (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

221 West Second North, Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of April 19 43.

Mary Smith
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943.
(Seal)

Signed Elva Turrington
(Signature of Any Credible Person Other Than Previous Year)

926 West Fremont, Pocatello, Idaho.
(Street Address, City, State)

APR 15 1943

APR 15 1943

691-123-033-195

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67738

County of Madison

City of Lyman

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... RAY STANLEY FRANSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 23rd ~~22nd~~ 19

FATHER	MOTHER
FULL NAME: Carl C. Franson	FULL MAIDEN NAME: Edith Arnold
RESIDENCE: Lyamn Idaho	RESIDENCE: Lyman Idaho
COLOR: Wjite	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ephraim Utah	BIRTHPLACE: Lyman Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On April 22nd 1919. 3-13 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Parley Nelson

M. D.

(Physician or midwife)

Address Rexburg Idaho

Filed 5/25 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 6-7758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ray Stanley Fransen (Name on Original Certificate) who born (Was Born or Died) on April 23, 1919 (Date of Event)
in Thornton, Idaho, RFD #1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on April 23, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ray Stanley Fransen
Date	April 22nd	April 23, 1919

Subscribed and sworn to before me this 24th
day of August 1942

Notary Public, residing at Rexburg, Idaho

My commission expires
(Seal)

Signed Earl C. Fransen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of August 1942

Notary Public, residing at Rexburg, Idaho

My commission expires
(Seal)

Signed Henry Dietrich
(Signature of Any Credible Person Other Than Previous Year)

Rexburg Idaho
(Street Address, City, State)

AUG 26 1942

OCT 18 1972

AUG 27 1942

539-130-033-133

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 67739

Primary Registration District No. ____ Registered No. ____

Full Name of Child John Myron Elison

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	March 30 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	James Ross Elison	FULL MAIDEN NAME	Hazel Allred
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Grantsville, Utah	BIRTHPLACE	Garner, Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Hawkinson

(Physician)

Address Rexburg, Idaho

Filed 4-25 19 19

Registrar

Given names added from a supplemental report

19 ____

Registrar

12-12-41

319 - 209-033-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

Name added 3-25-81

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 211

67740

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Marjorie Idetta Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 9th 191 9

FATHER		MOTHER	
FULL NAME	Alma B. Larsen	FULL MAIDEN NAME	Lydia EHales
RESIDENCE	Rexburg Idqho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On April 9th, 1919 6-07 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nielson

M D

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
APR 8 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 67740
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Larsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 9, 1919 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Marjorie Idetta Larsen

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

X Marjorie Idetta Larsen Jacobsen
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 81.

Notary Public, Paul Scott Mayer

Residing at 270 Roosevelt, Rexburg Id 83417

My commission expires Jan 9, 1985

(Seal)

Paul Scott Mayer
Supporting Signature

270 Roosevelt St, Rexburg, Idaho
Street Address, City, State 83440

Holding at Desk - fc 3-25-81

Certificate of birth of son, Lee Melvin Yates gives name of mother as Marjorie Larsen. Child born at Salt Lake City, Utah on Jun 16, 1953, City File # 4159.
Viewed by V.S.

3-25-81

Marriage certificate issued by Bonneville County, Idaho, gives name of bride as Marjorie Idetta Larsen married to Theron Hyrum Yates on November 26, 1946.
Viewed By V.S.

719-123-033-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67741

County of Madison

City of Rexburg

No. RFD-2 St.

Hospital

Registration District No. 100

File No.

Primary Registration District No. 2178

Registered No.

FULL NAME OF CHILD Claude Winfred Parker

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe A. Parker	FULL MAIDEN NAME	Anna Heer
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4/25 1919

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1973

MAR

751-116-033-433

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67742

County of Madison

City of Rexburg

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD DOYLE ORALONZO PEARSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 16th 1919

FATHER		MOTHER	
FULL NAME	Otto Pearson	FULL MAIDEN NAME	Joan McCullough
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Sweden	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On April 16th, 1919 1-40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed ..... 19..

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 67742

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Doyle Oralonzo Pearson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 16 Apr. 1919 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about birth date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Doyle Oralonzo Pearson
mother's name	Anna McCulloch	Joan McCullough

Subscribed and sworn to before me this 23rd day of April, 19 42.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(SEAL)

Signed Joan McCullough Pearson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

336 West Main St. Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April, 19 42.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(SEAL)

Signed E. A. Hansen
(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho,
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

243-107-033-844

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67748

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 217

File No. .....

Registered No. .....

FULL NAME OF CHILD Scott Merrill Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 7th 1919

FATHER		MOTHER	
FULL NAME	Ed. W. Butler	FULL MAIDEN NAME	Sarah Jane Humble
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Fairfield Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On April 7th 1919 at 7-13 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed ..... 19..

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 67743

Date Filed 3 June 1944

The undersigned does solemnly swear that certain facts on the certificate of 7 April 1919 (Birth or Death)
for Scott Merrel Butler (Name on Original Certificate) who was Born (Was Born or Died) on 7 April 1919 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 21 May 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Scott Merrill Butler

Subscribed and sworn to before me this 13th day of June, 1944

J. D. Lauritzen
Notary Public, residing at Teton, Ida.
My commission expires Oct. 7-1945
(Seal)

Signed Jane Butler Emeritus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Victor, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June, 1944

J. D. Lauritzen
Notary Public, residing at Teton, Ida.
My commission expires Oct. 7, 1945.
(Seal)

Signed T. C. Gillette
(Signature of Any Credible Person Other Than Previous Year)
Victor Ida
(Street Address, City, State)

JUN 19 1944

295-212-033-134

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67744

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD FERN KINGSFORD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 12th 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph A. Kingsford	Ellen Aldous
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Franklin Idaho	Downey Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On April 12th 19 19 at 9-40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg, Idaho

Filed ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Marion } ss.

Certificate No. 67744
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Kingsford (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1919 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record Oregon Voters Registration (Bible Record, Insurance Policy, Etc.) prepared on December 14, 1932 Oct. 7, 1950 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Fern Kingsford

Subscribed and sworn to before me this 5th day of June, 1956
A. M. Roethlin
Notary Public, residing at Salem, Oregon
My commission expires April 3, 1957
(Seal)

Signed Lucy Ellen Kingsford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3445 Lewis & Clark Rd. Salem Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Marion } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1956
A. M. Roethlin
Notary Public, residing at Salem, Oregon
My commission expires April 3, 1957
(Seal)

Signed Mrs. G. H. Galles
(Signature of Any Credible Person)
710 Van Buren
(Street Address, City, State)
Eugene Oregon

FORM DPH 55.155

157-209-033-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67745

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

File No. _____

Primary Registration District No. 217

Registered No. _____

FULL NAME OF CHILD — Phyllis Jeppesen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph N. Jeppesen	FULL MAIDEN NAME	Mildred Steele
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Rexburg, Idaho.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.45 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg, Idaho

_____ 19__

Filed 2/5 19__

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 24 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 17 11 29 AM '74

State of IDAHO, } ss.
County of Madison. }

Certificate No. 67745

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jeppesen (female) (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Phyllis Jeppesen

Subscribed and sworn to before me this 16th day of May, 19 74

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1975.

(Seal)

Signed Mildred A. Jeppesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Madison. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 74

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1975.

(Seal)

Signed Esther J. Covington
(Signature of Any Credible Person)

125 E. 2nd No. Rexburg, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 4/23/74

Certificate of Baptism and Confirmation from LDS Church gives name as Phyllis Jeppsen daughter of Joseph N. Jeppsen and Mildred Steele. Born April 9, 1919 at Rexburg, Idaho. Was Baptized April 1st, 1927. viewed by V. S. JUN 4 1974

Insurance policy from Beneficial Life Insurance Co. of Utah gives name as Phyllis Jeppesen Morris No. 173352. dated Oct. 4,1937. viewed by V. S.

694-215-03J-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. 67746

Registered No. _____

FULL NAME OF CHILD Lillis Lane Widdison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 15 1919

FATHER		MOTHER	
FULL NAME	Abner Widdison	FULL MAIDEN NAME	Mary Ellen Fisher
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Salt Lake City Utaho	BIRTHPLACE	Plano Ida.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed 7/25 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-119-033-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67747

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No.

Hospital

FULL NAME OF CHILD Samual Woodrow Hertzig

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	April 19 1919

FATHER	MOTHER
FULL NAME Fritz Hertzig	FULL MAIDEN NAME Louise Kung
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR white	AGE AT LAST BIRTHDAY 56 (Years)
COLOR white	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Carpenter	OCCUPATION House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:20 A.M. on the date above stated.

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 4/25 19 1

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 210 - 033 - 239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67748

County of Madison

City of Rexburg

No. _____ St.

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Louis Parker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 10 1917

FATHER		MOTHER	
FULL NAME	Lee Parker	FULL MAIDEN NAME	Flora Stratton
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Kimble Co. Kentucky
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

(Signature) O. W. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 4/21 19 17 _____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y-CO 36071

993-203-033-997

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

67[illegible]

Registration District No. 1[illegible]

File No. _____

Primary Registration District No. [illegible]

Registered No. _____

FULL NAME OF CHILD Annie Winona Ricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 3 1[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josiah Elliott Ricks	FULL MAIDEN NAME	Mary Agnes Riggs
RESIDENCE	Rexburg, Idaho.	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Rexburg	BIRTHPLACE	Teaton, Idaho.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed 4/25 1917

_____ Registrar

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 67749

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Ricks (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	omitted	Annie Winona Ricks

Subscribed and sworn to before me this 14th day of June, 19 71

Notary Public, residing at Rexburg

My commission expires 4-20-74

(Seal)

X Signed Mary Agnes Ricks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6165 Wilton St Los Angeles Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of

....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

X Signed X

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 parents in office 6/11/71

JUN 23 1971

Page 495 of Section IV "Ricks Family History and Genealogy" shows annie Winona Ricks born April 3, 1919 in Rexburg, Idaho daughter of Josiah Elliott Ricks and Agnes Riggs. -- Revised Edition of History and Genealogy of the Ricks Family of America - Compiled and Published by Family Representatives, Howard Ricks, chairman 1957

Certificate of Blessing from LDS Church, Eastmont Ward, Pasadena Stake No. 39 Dated December 7, 1947 gives child's name as Linda Mabry daughter of James Mahlon Mabry and Annie Winona Ricks. Born June 19, 1947 at Montebello, Calif. Was Blessed Dec. 7, 1947 by Joel J. Ricks. Signed by. Edward K. Olson, Clerk, and Paul E. Richardson, Bishop. Viewed by V. S.

692 - 220 - 026 - 819

PLACE OF BIRTH

County of Jefferson

City of [illegible]

No. _____ St.

Hospital _____

STATE OF [redacted]
BUREAU OF VITA[redacted]

CERTIFICATE [redacted]

No. 11-C—25m-9-8-15

07750

Registration District No. 100

Primary Registration District No. 2178

Registered No. _____

FULL NAME OF CHILD Wilma Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	—	Yes	3 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Fisher	Martha Harrop
RESIDENCE	Annis Ida.	Annis Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Annis Ida	Annis Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4/25 19 19 [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1964

1945

666-105-033-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67751

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. [illegible]

File No. _____

Primary Registration District No. [illegible]

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	yes	4 (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. M. Woodward	FULL MAIDEN NAME	Mary A. Johnson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Minesota	BIRTHPLACE	Rexburg Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed [illegible] 19[illegible] [illegible] Registrar

S-Y-CO 38071

345-228-029-525

PLACE OF BIRTH

STATE OF IDAHO [redacted] No. 11-C—25m-9-8-15
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 67752

County of [redacted]

City of Bovill Registration District No. 64 File No.

No. St. Primary Registration District No. 2146 Registered No.

Hospital Bovill Hosp.

FULL NAME OF CHILD Iris Michaleus Tussney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 28 1919

FATHER	MOTHER
FULL NAME Michael Tussney	FULL MAIDEN NAME Helene Ebert
RESIDENCE Fernwood Idaho	RESIDENCE Fernwood Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Canada	BIRTHPLACE Ohio
OCCUPATION Logger	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.C. Gibson

Physicians (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4/30 19 19 Mrs. J.C. Gibson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.

14-11-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Co[redacted]

City of Bovill

Registration District No. 66

File No.

No. # St.

Primary Registration District No. 2146

Registered No.

Hospital #

FULL NAME OF CHILD Carrol Clyde Van ~~Cleave~~ Van Cleave

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Van Cleave	FULL MAIDEN NAME	Stella Boker
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed 4/7 1919 Mrs F. C. Gibson Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

951-203-001-[illegible]

PLACE OF BIRTH

Amended 3-21-81

[redacted]

25m-9-8-17

CERTIFICATE OF BIRTH

County of Ada

City of South Boise Registration District No. 11 File No. 57754

No. ..... St. Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Viola Rea

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmund Martin Rea	FULL MAIDEN NAME	Ada Mabel Mitchell
RESIDENCE	South Boise, Ada.	RESIDENCE	South Boise, Ada.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Illinois
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ada.

Filed Apr. 9 1919 Alice A. Dutton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
JAN 27 4 28 PM '81
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 67754

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Dorotha Viola Rea (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1919 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorotha Viola Rea	Dorthy Viola Rea (DOROTHY)

Subscribed and sworn to before me this 13th day of March, 1980.

Notary Public, residing at Astoria Ore

My commission expires 12-7-80
(Seal)

Signed X Viola R Rasmussen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT 3, Box 3228 Banner, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lewis }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1981.

Notary Public, residing at Toledo

My commission expires 5-25-81
(Seal)

Signed Evelyn M Nyton
(Signature of Any Credible Person Other Than Previous Year)

P.O. Box 577, Toledo, Wa
(Street Address, City, State)

MAR 21 1981

415-124
029-682

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Deary

Registration District No. 2147

File No. 67

No. ..... St.

Primary Registration District No. 67

Registered No. 37

Hospital .....

FULL NAME OF CHILD William Henry Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Apr. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace J. Davis	FULL MAIDEN NAME	Helen Wyborny
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Texas	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

Apr. 25 1919 Address Deary

P. C. Faust Registrar

Filed 4/25/19 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
U OF VITAL STATISTICS

TIFICATE OF BIRTH

E OF BIRTH

753-128-029-395

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 67756

Primary Registration District No. 67 Registered No. 38

FULL NAME OF CHILD Carl Walter Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Apr. 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Peterson	FULL MAIDEN NAME	Annie Lindstrom
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust
physician
(Physician or midwife)

Given names added from a supplemental report.

4-30 1919

R. C. Faust
Registrar

Address Deary

Filed 4-30 1919 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-204-042-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67757

County of Twin Falls

City of Buhl, Ida.

Registration District No. 39

File No.

No. St.

Primary Registration District No. 2081

Registered No.

Hospital Name added 7/22/81

FULL NAME OF CHILD Buhla Ida Brady

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	4-4 1919

FATHER		MOTHER	
FULL NAME	Hugh Brady.	FULL MAIDEN NAME	Flossie Anderson
RESIDENCE	Buhl - Ida	RESIDENCE	Buhl - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Lehigh, Ariz.	BIRTHPLACE	Fairview, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Registrar

Filed 4-5 1919 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1981

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 67757

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Brady (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible - Church record prepared on June 1, 1919 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named	Buhla Ida Brady

Subscribed and sworn to before me this 12 day of December, 1978

Notary Public, residing at Downey

My commission expires 11/1/80

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho 83238 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1981

Notary Public, residing at Cokeville, Wyo.

My commission expires Oct. 1, 1985

(Seal)

Signed Herman K. Teichert (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 2/6/78 nm.

Certificate of Blessing gives name as Buhla Ida Brady, daughter of Hugh Brady and Flossie Anderson born April 4, 1919, at Buhl, Idaho. Viewed by V.S. Blessed June 1, 1919.

Certificate of Baptism and Confirmation gives name as Buhla Ida Brady daughter of Lehi Hugh Brady and Flossie Anderson born April 4, 1919, at Buhl, Idaho. Baptized September 4, 1927, LDS Church.
Viewed by V.S.

693-105-042-818

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 67758

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD Cleo Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	Apr. 5 1919

FATHER		MOTHER	
FULL NAME	Arthur Wilson	FULL MAIDEN NAME	Bessie Hays
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa
OCCUPATION	Stone Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Idaho

19

Filed 4-10 1919 J. H. Murphy

Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-206-042-796

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Buhl General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 39

Primary Registration District No. 2087

67759

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes	Apr. 6 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Blankenship	FULL MAIDEN NAME	Ula Gifford
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Ditch rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 P. M. on the date above stated.

(Signature) J. L. Murphy

Physician (Physician or midwife)

Address Buhl Ida

Filed 4-10 1919 J. L. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-210-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ADDED CHILD'S NAME 4-10-2000 MS

County of Twin Falls

City of Buhl, Ida.

Registration District No. 39

File No. 67760

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD JUNE MADELEINE WILLEMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	4-10-1919

FATHER		MOTHER	
FULL NAME	A. W. Willeman	FULL MAIDEN NAME	Madeleine Kree
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Alsace, France	BIRTHPLACE	Alsace, France
OCCUPATION	Meat Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 4-12 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/10/2000

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of OREGON
County of MULTNOMAH } ss.

VITAL STATISTICS
00 APR -6 AM 9:35

Certificate No. #19-67760
Date Filed APRIL 12, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED (FEMALE) WILLEMAN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on APRIL 10, 1919 (Date of Event)

in BUHL, IDAHO(TWIN FALLS) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED WILLEMAN	JUNE MADELEINE WILLEMAN

Subscribed and sworn to before me this 4 day of APRIL, 2000

Notary Public, James Doo

Residing at PORTLAND

My commission expires DEC 5, 2002

(Seal)

OFFICIAL SEAL
JAMES GOOS
NOTARY PUBLIC-OREGON
COMMISSION NO. 316953
MY COMMISSION EXPIRES DEC. 5, 2002

McAllister

X June Madeleine (Willeman)
Signature of Applicant

X 8195 SW Canyon Lane Portland OR 97225
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

of ___ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, ___.

Notary Public, ___

Residing at ___

My commission expires ___

(Seal)

___
Supporting Signature

___
Street Address, City, State

1 CC pd

OREGON DRIVER'S LICENSE ISSUED TO JUNE MADELEINE MCALLISTER BORN APRIL 10, 1919 ISSUED MAY 28, 1957 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF MARRIAGE SHOWS ROBERT JOSEPH MCALLISTER AND JUNE MADELEINE WILLEMAN WERE MARRIED JUNE 19, 1944 IN BOISE (ADA) ID VIEWED VS.

556-213-042-633

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 67761

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Illa Irene Newkirk

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	2nd	Yes	April 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Delmar Marcus Newkirk	FULL MAIDEN NAME	Ida May Otley
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	[illegible]
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Whitehata Kansas	BIRTHPLACE	Grand Forks North Dakota
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth two. Number of children of this mother now living, including present birth two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Buhl, Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 4-15 1919 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-214-042-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida.

No. ..... St.

Hospital .....

Registration District No. 39

File No. 67762

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	4-14-1919

FATHER		MOTHER	
FULL NAME	Walter Hulett	FULL MAIDEN NAME	Cathel Graham
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois.	BIRTHPLACE	Utah -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 4-20 1919 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-15-042-219

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. 6 St.

Hospital Buhl General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39

Primary Registration District No. 2087

File No. 67763

Registered No.

FULL NAME OF CHILD JACK HARLAND WELLS

Sex of Child M | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov. 15 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Levi Wells	FULL MAIDEN NAME	Anna Garver
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	41
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Chicago - Ill.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

(Signature) J. H. Murphy

Physician (Physician or midwife)

Address Buhl Idaho

Filed 1-20 19 19 J. H. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

6-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible] }

Certificate No. 67763

FEB 6 [illegible] Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (BIRTH OR DEATH)
for [illegible] Wells (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on April 15, 1910 (DATE OF EVENT)
in [illegible], [illegible] (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [illegible] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on [illegible] (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Jack Harland Wells

Subscribed and sworn to before me this 3rd
day of [illegible], 19 42

[illegible]
Notary Public, residing at [illegible]
My commission expires Jan. 27, 1943
(SEAL)

Signed Anna Davies Nee Wells
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R.F.D 2 Anacortes Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of [illegible], 19 42

[illegible]
Notary Public, residing at [illegible]
My commission expires Jan. 27, 1943
(SEAL)

Signed Levi Hayes Wells
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
R.F.D#2 Anacortes Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 6 [illegible] By [illegible]
(REGISTRAR'S SIGNATURE)

FEB 15

575-117-042-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls.

Amended 6-2-81

City of Buhl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67764

Registration District No. 39 File No.

No. St.

Hospital Buhl Gen. Hosp. Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Hal Emery Van Ostran

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	4-17-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. L. Van Ostran	Mary Mallett.
RESIDENCE	Buhl.	Buhl.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41.	37.
BIRTHPLACE	Ohio.	Ind.
OCCUPATION	Contractor	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Mumfley M.D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

.....19.....

Filed 4/19 19 19 J. N. Mumfley
Registrar

S-Y-CO 38071

Registrar

RECEIVED

MAY 11 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics

RECEIVED BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

MAY 12 7 54 AM '81

Certificate No. 67764

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Van Ostrain (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr 18, 1919 (Date of Event)

in Buhl, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Van Ostrain	Hal Emery Van Ostran
father's last name	Van Ostrain	Van Ostran
birthdate	April 18, 1919	April 17, 1919

Subscribed and sworn to before me this 8th day of May, 1981.

Notary Public, Kim Quigley

Residing at Buhl, Id

My commission expires Oct. 2, 1983

(Seal)

X Marilyn Shafer
Signature of Applicant

Secretary,

X Hepworth, Nungester & Felton
Street Address, City, State

P. O. Box 589, Buhl, ID 83316

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

5/6/81 lcc pd.

Honorable Discharge issued by the Army of the United States gives name as Hal Van Ostrom # 39-677 054, Technical Sergeant of the 3rd Infantry Battalion shows birthdate as April 17, 1919, born at Buhl, Idaho.
Viewed by V.S.

JUN 2 1981

Buhl High School Cumulative Record gives name as Hal Van Ostrom, born April 17, 1919, at Buhl, Idaho, to O. L. Van Ostrom, a Carpenter. Graduated May 18, 1939.
Viewed by V.S.

491-219-042-433

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67765

Registration District No. 39 File No. .....

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Fay Melvina Draper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	yes	April 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis O. Draper	FULL MAIDEN NAME	Caro M. McClung
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3/45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 4-20 1919 J. H. Humphrey
Registrar

MARGIN RESERVED FOR BINDING

.E PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-119-042-7

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67766

County of Twin Falls

City of Buhl, Idaho

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Clarence Wayne Driskell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	4 - 19 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph N. Driskell	FULL MAIDEN NAME	Effie Green
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ky	BIRTHPLACE	Illinois
OCCUPATION	R. Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClinsky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Idaho

Filed 4-20 1919 J. H. Murphy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1951

MAR 5 1952

323-119-042-251

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67767

County of Twin Falls.

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Layton Eugene Tschannen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	4 19 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Tschannen	Emma Keasley
RESIDENCE	Buhl.	Buhl.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Ill.	Tenn.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-45 P. M. on the date above stated.

(Signature) J. N. Keasley

M. D. (Physician or midwife)

Address Buhl Ida.

Filed 4-20 1919 J. N. Keasley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-123-042-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Burl.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

67768

CERTIFICATE OF BIRTH

Registration District No. 39 File No. ____

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Arden Boyd Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	4 23 19

FATHER		MOTHER	
FULL NAME	C. R. Chamberlain.	FULL MAIDEN NAME	Peva Pettijohn
RESIDENCE	Burl.	RESIDENCE	Burl.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.

(Physician or midwife)

Address Burl Ida

Given names added from a supplemental report.

....19....

Registrar

Filed 4-24 19 19 J. H. Murphy

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-226-0427 993

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital Buhl Gen -

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-13

CERTIFICATE OF BIRTH

Registration District No. 39

File No. 67769

Primary Registration District No. 2987

Registered No. .....

FULL NAME OF CHILD Martha Elteen Krythe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4 26 19

FATHER		MOTHER	
FULL NAME	Lerand Krythe	FULL MAIDEN NAME	Mamie Richardson
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30. (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Ohio
OCCUPATION	High School Professor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

Filed 4-30 1919 J. N. Murphy Registrar

..... Registrar

S-Y-CO 38071

JUN 18 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Rec'd July 15, 1968

Certificate No. 67769

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martha Elteen Krythe (Name on Original Certificate) who Born (Was Born or Died) on April 26, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on Sept, 1936; Jan 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Martha Elteen Krythe none	Martha Elteen Krythe

X Subscribed and sworn to before me this July 5 day of 1968

OFFICIAL SEAL
VIRGINIA R. GLEASON
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY

Notary Public, residing at Los Angeles, California
My commission expires VIRGINIA R. GLEASON Notary Public in and for the State of California
My Commission Expires November 26, 1971

Signed Maxine R. Krythe (Maxine R. Krythe Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

240 W. 7th St. Apt. 11 Long Beach, California 90813
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FORM PH-60-155

Photo copy of Grade Transcript, Pomona College, Sept. 1936, gives full name of student as Martha Elteen Krythe, born April 26, 1919 at Buhl, Idaho to Mrs. M. R. Krythe, entered Pomona College from Woodrow Wilson High School (Long Beach, California), signed by the Registrar · viewed by VS.

AUG 2 1968

Photo copy of Grade Transcript, University of California, entered Jan. 1941, gives full name of student as Martha Elteen Krythe (Martha Krythe Kirschbaum), born April 26, 1919 at Buhl, Idaho viewed by VS.

666-127-042-314

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 67770

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James Edward Woodruff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 27 1919

FATHER		MOTHER	
FULL NAME	F. A. Woodruff.	FULL MAIDEN NAME	Bertha Campbell
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 4-30 1919 J. H. Murphy
Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/12/40 L. b.

219-150
017-294

PLACE OF B[illegible]

County of Clark

City of Dubois

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 6777

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD George Allen Baird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 20 191[illegible]

FATHER		MOTHER	
FULL NAME	Emmett Baird	FULL MAIDEN NAME	Minnie G. Simpson
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Harvey Jones

Physician (Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report. .....19.....

..... Registrar

Filed Apr 17 1914 C E Jones M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

666-119-043-314

[redacted]

PLACE OF BIRTH

County of Valley

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

67773

Registration District No. 15

File No. [redacted]

Primary Registration District No. _____

Registered No. 200

FULL NAME OF CHILD FRANK CHESTER WOODS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	4 19 1919

FATHER		MOTHER	
FULL NAME	Earl Woods	FULL MAIDEN NAME	Hannie Campbell
RESIDENCE	Rose Bay.	RESIDENCE	Rose Bay
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs Edna Sherrall

Norwood Ida
(Physician or midwife)

Address _____

Filed 5—6 1919 Mary McDonald
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-216
017-75

PL[redacted]

Form V. S. No. 11-C—Mm-8-8-17

[redacted] IDAHO
[redacted]AL STATISTICS
[redacted]E OF BIRTH

67774

County of [redacted]

City of Dubois

Registration District No. 125

File No.

No. ..... St.

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD HELEN MARIE MAIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl C Main	FULL MAIDEN NAME	Christine M Pedersen
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Denmark
OCCUPATION	Sheriff Clark Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Given names added from a supplemental report.

Address Dubois Idaho

..... 19.....

Filed 4/17 1919

C E Jones MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 67774

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Marie Main (Name on Original Certificate) who Born (Was Born or Died) on April 16, 1919 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Helen Marie Main

Subscribed and sworn to before me this 8th
day of October, 1942
J. Johansen
Notary Public, residing at Carlhope Idaho
My commission expires May 1st 1945
(Seal)

Signed Earl C. Main
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Carlhope Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

358-110-043-346

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Norwood

Registration District No. 15

File No. 67775

No. ..... St.

Primary Registration District No. .....

Registered No. 199

Hospital .....

FULL NAME OF CHILD Ralf Edward Lehti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			April 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Lehti	FULL MAIDEN NAME	Mary Erika Luoma
RESIDENCE	Norwood	RESIDENCE	Norwood.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Harma Finland.	BIRTHPLACE	Yliharma Finland
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth six

Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Andrew Lehti
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Norwood Ida

Filed 5-6 1919 Mary M. Donald
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-204-043-513

PLACE OF BIRTH

County of Valley

City of Cascade,

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13- File No. 67776

Primary Registration District No. ..... Registered No. 128

FULL NAME OF CHILD Donna Louise Mirgon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 4 1919

	FATHER	MOTHER
FULL NAME	Chas B. Mirgon	Goldie Eaton
RESIDENCE	Cascade Ida	Cascade Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Mo.	Nebr.
OCCUPATION	log scaler	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 25 P.M. on the date above stated.

(Signature) F L McCauley

(Physician or midwife)

Address Cascade, Idaho

Filed 5-6 1919 M M McDonald Registrar
Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

231 - 213-043-997

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of McCall

No. _____ St.

Hospital _____

Registration District No. 15

File No. 67777

Primary Registration District No. _____

Registered No. 197

FULL NAME OF CHILD Anna Lenore Marie Blackwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	April (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Herman Lawrence Blackwell	FULL MAIDEN NAME	Rosa May Riggs
RESIDENCE	near McCall	RESIDENCE	n McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

Nurse (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address McCall Ida

Filed 5-6 1919 Mary McDonald Dept Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1942.

599-202-029-863

[redacted] S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of 2 miles E. of Moscow

Registration District No. 61 File No. 67778

[redacted] St.

Primary Registration District No. 1141 Registered No. 32

Hospital

FULL NAME OF CHILD Gladys May Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 2 1917

FATHER		MOTHER	
FULL NAME	Henry C. Erickson	FULL MAIDEN NAME	Mary Holton
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Austin Minn.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Norway
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at one P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Leitch

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Registrar

Filed Apr 22 19 19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1970

386-130-029-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Country

No. 9 miles East of St.

Hospital Moscow

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 67779

Primary Registration District No. 2141 Registered No. 38

FULL NAME OF CHILD Chester Marion Thorsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 30 1919

FATHER		MOTHER	
FULL NAME	T. B. Thorsen	FULL MAIDEN NAME	Alma M. Halversen
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Goodhue Co. Minn.	BIRTHPLACE	Yankton Co S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Moscow Idaho

Filed Apr 22 1919 [illegible]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-229-029-653

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-16

CERTIFICATE OF BIRTH

67780

County of _____

City of _____

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Virginia M. Burns

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	March 25 1919

FATHER		MOTHER	
FULL NAME	Orl Burns	FULL MAIDEN NAME	Cora Weatherby
RESIDENCE	Juliaetta Idaho	RESIDENCE	Juliaetta Idaho
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

(Signature) W. A. Hodan

(Physician or midwife)

Address Moscow Idaho

Filed Mar 0 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11-C-20

County of

City of Viola

No. 569-230-029-893 St.

Registration District No. 61

File No. 67781

Primary Registration District No. 2141

Registered No.

Hospital

FULL NAME OF CHILD Hazel Margarie Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	1	yes	Mar 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harley Ray Norris	FULL MAIDEN NAME	Hazel Vivian Hills
RESIDENCE	Viola Idaho	RESIDENCE	Viola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Leeds N. Dak.	BIRTHPLACE	Eugene, Ore.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. A. C. Norris

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Viola Idaho

Filed Feb 20 1919

Registrar

Registrar

R-Y CO. 20174

MAR 28 1950

613-109-028-212

PLACE OF BIRTH

County of Lat...

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67782

Registration District No. .....

File No. .....

Primary Registration District No. 14

Registered No. 7

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 9 1917

FATHER		MOTHER	
FULL NAME	A. L. Dalby	FULL MAIDEN NAME	Minnie L. Baker
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10-9- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Address Potlatch

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 5 1917

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made, for each and the number of each, in order of birth stated.

955-209-029-363

Form V. S. No. 11-C—20m-2-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67783

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 1011 Registered No. 30

Hospital

FULL NAME OF CHILD Esther Margaret Reed

Sex of Child Fem	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Blosser Reed	FULL MAIDEN NAME	Anna Dale Cole
RESIDENCE	404 E B St Moscow	RESIDENCE	Moscow
COLOR	Wh AGE AT LAST BIRTHDAY 32 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	College Professor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Steavenson

(Physician or midwife)

Given names added from a supplemental report

Address Moscow

19

Filed Apr 20 1919 S. F. Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

547-217-029-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. East 8th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67784

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 31

FULL NAME OF CHILD Marian Rosella Edgley

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4th (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank W. Edgley	FULL MAIDEN NAME	Eva M. Warner
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	East St Louis Illinois	BIRTHPLACE	Central City Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M. D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Moscow Idaho

Filed Apr 22 1919

Registrar

Registrar

8-Y CO. 20174

APR 18 1942

995-103-029-596

PLACE OF BIRTH

County of Latah

City of Moscow

No. R. W. St.

Hospital

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67785

Registration District No. 01 File No.

Primary Registration District No. 1011 Registered No. 94

FULL NAME OF CHILD ROBERT PHILIP RIETZE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 3 1919

FATHER

FULL NAME Max Victor Rietze

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Texas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Abbie Viola

RESIDENCE Moscow Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Juliaetta, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

(Signature) Chas. L. Lehman M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed Apr 15 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 67785

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Philip Rietze

Subscribed and sworn to before me this 3rd day of June, 1942

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

345-104-029-154

PLACE OF BIRTH

County of Latah

City of Moscow

No. RD. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-9-17

CERTIFICATE OF BIRTH

67786

Registration District No. 61

File No.

Primary Registration District No. 1911

Registered No. 02

FULL NAME OF CHILD WALLACE ARVID LUNDQUIST

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 4 1911

FATHER

FULL NAME Carl A. Lundquist

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Sweden

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Hulda C. Anderson

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1:00 P. M.

(Signature) Chas. L. Fortman M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Apr 15 1911

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1944

MAY 19 1944

851-208-029-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. Gauthers Hosp St.

Hospital

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 10.1.1

File No. 67787

Registered No. 06

FULL NAME OF CHILD Mary Ellen Head

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 8 1919

FATHER	MOTHER
FULL NAME Scott Wilson Head	FULL MAIDEN NAME Bess I Wescott
RESIDENCE Garfield Wash	RESIDENCE Garfield Washington
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Washington
OCCUPATION Druggist	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W.H. Gauthers

Physician
(Physician or midwife)

Address Moscow

Filed Apr 15 1919

.....
Registrar

664-116
029-789

Form V. S. No. [redacted]-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67788

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 37

FULL NAME OF CHILD Stanley Wodsedalek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jerry Edward Wodsedalek	FULL MAIDEN NAME	Hazel Mae Phillips
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kewaunee Wis.	BIRTHPLACE	Big Springs, Wis.
OCCUPATION	Prof of Zoology	OCCUPATION	house-wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Hatefield D.O.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed Apr 20 1919 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1945

893-230-029-444

~~PLACE OF~~ BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67789

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 38

FULL NAME OF CHILD Mildred Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Mch 30 1919

FATHER		MOTHER	
FULL NAME	John Hill	FULL MAIDEN NAME	Nina Mudgett
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Janitor at School Bldg.	OCCUPATION	House Keeping

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow Idaho

Filed Apr 30 1919

F. Kae

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/23/41 I. F.

AFFIDAVIT FOR THE PURPOSE OF CORRECTING THE BIRTH CERTIFICATE OF MILDRED HILL.

STATE OF IDAHO)
(ss.
County of Latah)

MILDRED HILL, being first duly sworn, on oath, deposes and says:

That she was born at Moscow, Idaho, on March 30, 1919; that her father, John R. Hill, was then a janitor; that he was born in the State of Iowa, and that her mother was born in the State of Kansas; that both of her parents are now dead; that she is making this affidavit for the purpose of correcting her birth certificate.

Mildred Hill

Subscribed and sworn to before me this 21st day of April, 1941.

AUG 19 1943

Notary Public in and for the State of Idaho, residing at Moscow, Idaho.

693-213-029-893

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67790

Registration District No. 61 File No. _____

Primary Registration District No. 1011 Registered No. 47

FULL NAME OF CHILD Jessie F. Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Feb 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harald L. Wilson	FULL MAIDEN NAME	Ollie Hill
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash.
OCCUPATION	Carpenter	OCCUPATION	House Keeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

_____ 19__

Filed Feb 30 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1945

433-248-029-955

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67791

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mary Louise McCoy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Feb 18 1919

FATHER		MOTHER	
FULL NAME	Chas McCoy	FULL MAIDEN NAME	Ellen Renshow
RESIDENCE	Moscow Idaho	RESIDENCE	[redacted] Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

_____ 19__

Filed [illegible] 19__

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3

962-208-029-236

Amended 6/20/78

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH 67792

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Registration District No. 6-1

Primary Registration District No. 16-1

File No. _____

Registered No. _____

FULL NAME OF CHILD Ruby Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Feb 8 1918

FATHER		MOTHER	
FULL NAME	Donal Ross	FULL MAIDEN NAME	Jennette Stowe
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Adair
(Physician or midwife)

Address Moscow Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 20 1918

D F Rae
Registrar

9-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67792

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ross (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 8, 1919 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Ruby Ross

Subscribed and sworn to before me this ..... day of
June, 19 78

Notary Public, residing at Boise, Idaho
My commission expires Dec 5, 1982
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 7/30/71 nm Rush!

Census Marshalls report fro First Tuesday of Sept 1925 gives name as Ruby Ross. age 8year at the time. ~~him~~ viewed by V. S.

JUN 20 1978

JUN 22 1978

Marriae License from Montana gives name as Richard G. Shuck and Ruby R. Burgess (her father's name listed as Donald Ross and mother's as ~~XXXXXXXX~~ Jeannette Stowe. dated Oct 9, 1946. viewed by V. S.

314-204-029-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. .....

File No. 67793

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Campbell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 4 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. E. Campbell	Clara E. Wilson
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Wash	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7-P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clark

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [illegible] 19[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1969

659-226-029-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67794

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Fay E. Wenman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. E. Wenman	FULL MAIDEN NAME	Nellie Willis
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N. C.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9-A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed ..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

967-122-029-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67795

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Alfred Paul LeRoy Rogers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	April 22 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Monroe Rogers	Bessie Johnston
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Kan	Neb.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7-a- M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clark M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-217-029-244

Form V. S. No. 11-C

PLACE OF BIRTH

County of Lalata

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67796

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lois Helen Keith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 17 1919

FATHER		MOTHER	
FULL NAME	H. M. Keith	FULL MAIDEN NAME	Pauline C. Suddreth
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ark	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6-9 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 5 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

413-116-029-219

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67797

County of Latah

City of Moscow

Registration District No. 61

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Robt. M. Dallas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. B. Dallas	FULL MAIDEN NAME	Angel E. Bailor
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 7 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1960

JAN 24 1974

[redacted]

City or Town of ~~[illegible]~~

154-129-029-269

Registration Dist. No. 31 (No. ....., ... St.; ..... Ward)

2141

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Edgar Arthur Anderson } If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 29, 1919

FATHER		MOTHER	
Full Name	Martin Anderson	Full Maiden Name	Mattie Parkinson
Residence	Latah Co Idaho	Residence	Latah Co Ida.
Color	White	Color	White
Age at last Birthday (Years)	47	Age at last Birthday (Years)	36
Birthplace (State or Country)	Denmark	Birthplace (State or Country)	Iowa
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 9 Number of children, this mother, now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on April 29, 1919, at 2 A.M.

(Signature) P E Wiesel

(Physician ~~or Midwife~~)

Address Garfield Wash

Filed Feb [illegible], 19[illegible]

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each in order of birth, stated.

Form V. S. No. 9.

67798

Idaho
~~Washington~~ State Board of Health
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

(This return should preferably be made by the person who made the original.)

Place of birth
County Latah
Town Garfield Wash R F D
City

Registered Number*
Registration District

SEX OF CHILD* Male
Twin* Triplet, or other? and Number* in order of birth

DATE OF BIRTH April (Month) 29 (Day) 1919 (Year)

FULL* NAME FATHER Martin Anderson

FULL* MAIDEN NAME MOTHER Mattie Parkinson

*These items to be entered by the Local Registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named:

Edgar Arthur Anderson
(Give name in full.) (Surname.)

(Signature) P E Wiesel

(Physician, ~~midwife, father or mother.~~)

MAR 1 0 1975

389 - 227-020-343

PLACE OF BIRTH

[redacted] Form U. S. No. 11-C—25m-9-8-15

BUREAU OF [redacted]

CERTIFICATE [redacted]

67799

County of Elmore

City of Mtn Home Registration District No. 34 File No.

No. St. Primary Registration District No. 2020 Registered No. 8

Hospital

FULL NAME OF CHILD Alice Mae Chipman

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	— and —		ye	April 27 1919

(To be answered only in event of plural births) (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Chipman	Lillian Culleson
RESIDENCE	Mtn Home	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 12-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

(Physician or midwife)

Address Mtn Home

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4/30 19 19 B. W. Mathes

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAR 6 4 16 PM '75
County of ..... }

Certificate No. 67799

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chipman (female) (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1919 (Date of Event)
in Mtn. Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Alice Mae Chipman

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of
March, 19 75

Signed Vernon R Chipman
(Signature of Any Credible Person)

Notary Public, residing at Boise
My commission expires My Commission Expires Nov. 21, 1978
(Seal)

4901 Grove St
Boise, Ida 83704

CL 2/19/75

FORM DH 60-155

Page from Bible Record gives name as Alice Mae Chipman born April 27, 1919.
Family Bible Record obviously old.
Viewed by V.S.

MAR 6 1975

Marriage License and Certificate, # 13214 gives name of bride as Alice Mae Chipman
License issued April 12, 1940 and Certificate issued April 13, 1914.
Rev. F J. Renz. On file With Adad County, Boise, Idaho.
Viewed by V.S

455-225
020-395
Amended 7-22-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 67800
Local Reg. No. 12
Reg. Dist. No. 34

1. PLACE OF BIRTH

a. COUNTY: Elmore

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Emma b. (Middle): c. (Last): Denten

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Mar. 25, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): G. c. (Last): Denten

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
56 YEARS	Iowa	Draying	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma b. (Middle): c. (Last): Tieck

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
38 YEARS	Germany	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. E. Evans, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mountain Home, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/29/1919

22. REGISTRAR'S SIGNATURE: B. W. Mather

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 12-3-64

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Sonoma }

Certificate No. 67800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emma Denton (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1919 (Date of Event)
in Mtn Home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	Denton	Denten
Fathers last name?	Denton	Denten

Subscribed and sworn to before me this 4th day of February, 19 65

Notary Public, residing at Sebastopol, Calif.
My commission expires May 27, 1967
(Seal)

Signed Lorraine Denten
(Signature of ~~parent~~ or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

720 Kirk Main Sebastopol Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Copied rec # 18002

Marriage certificate gives name as Emma P. Denten. Married Sept. 1938, 27th day. State of California E. E. Ingram, Solemnizing marriage.
Viewed by V. S.

School Record gives name as Emma Denten daughter of John Denten. Graduated May 24, 1935 from Kidd Creek Elementary School Dist. State of California H. N. Cunningham, President of Board of Education of Sonoma County.
Viewed by V. S.

Statement from Employer - BennettFeed Store states that John G. Denten worked at their store starting 1914-1919. Signed by Mayne E. Bennett. Mountain Home
Viewed by V. S.

2020-394

BIRTH

BUREAU OF [illegible]

CERTIFICATE OF BIRTH

City of Mtn Home — AMENDED FATHER'S NAME 11-15-96 MS — Registration District No. 34 — File No. 67801

No. — St. — Primary Registration District No. 2020 — Registered No. 11

Hospital —

FULL NAME OF CHILD Alice Alberta Hopson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 4th 1919

FATHER

FULL NAME: ~~Orris T. Hopson~~ FRANKLIN HOPSON

RESIDENCE: Mtn Home

COLOR: W — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Laborer.

MOTHER

FULL MAIDEN NAME: Clementine Brumley

RESIDENCE: Mtn Home

COLOR: W — AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Texas

OCCUPATION: A wife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5-30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Walther

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Mtn Home

..... 19.....

Filed 3/8 1919 B.W. Walther

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

K

[redacted]

11-15-96

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 19-67801
Date Filed MAR. 8, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ALICE ALBERTA HOPSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 4, 1919 (Date of Event)

in MTN. HOME (ELMORE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S NAME	ORRIS F. HOPSON	ORIS FRANKLIN HOPSON

Subscribed and sworn to before me this 15th day of November, 1996.

Notary Public, Mary Schneider

Residing at Meridian Id

My commission expires 2-16-2002

(Seal)

MARY SCHNEIDER
NOTARY PUBLIC
STATE OF IDAHO

William L Hopson
Signature of Applicant

1111 Juniper Nampa ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

K

STATE OF IDAHO CERTIFICATE BIRTH FILED MARCH 1, 1921 FILE #21-87404 SHOWS WM. LOUIS HOPSON BORN FEB. 25, 1921 IN MTN HOME (ELMORE) ID TO ORIS F. HOPSON AND CLEMENTINE BRUMBY VIEWED VS.

CERTIFICATE OF DEATH FILE AUG. 2, 1973 FILE #73-3468 SHOWS ORIS FRANKLIN HOPSON DIED JULY 22, 1973 IN NAMPA (CANYON) ID VIEWED VS.

369-229-020-954

PLACE OF BIRTH amended 1/9/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

67802

County of Elmore

City of Mtn Home — Registration District No. 34 — File No.

No. — St. — Primary Registration District No. 2020 — Registered No. 14

Hospital

FULL NAME OF CHILD Ann Isobel Lozier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	First and	First	yes	April 29th 1919

FATHER		MOTHER	
FULL NAME	Frank Lozier	FULL MAIDEN NAME	Catharine Rena
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Laborer (R.R)	OCCUPATION	House

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6:30 P. M. on the date above stated.

(Signature) B. W. Walker

(Physician or ~~midwife~~)

Address Mtn Home

Filed 4/30 1919 B. W. Walker Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1973

10-1-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 20 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 67802
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Isabel Lozier (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 29, 1919 (Date of Event)
in Mountain Home (Elmore) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Isabel Lozier	Annie Isobel Lozier

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at ~~1329 E. Valley, Escondido, CA~~ 6/16/81
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego

(Must be completed ___)
(Is not necessary ✓)

OFFICIAL SEAL
STEPHEN W. BAEHRENS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires JUN 16, 1981

The undersigned does solemnly swear that to the best of his knowledge the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this eighth day of
October, 19 80.

Notary Public, Stephen W Baehrens
Residing at 1329 E. Valley, Escondido, CA
My commission expires 6/16/81
(Seal)

Nellie C. Colson
Supporting Signature

542E Pennsylvania Ave.
Street Address, City, State

Escondido Ca.
92025

Social Security Card #518-18-1214 gives name as Ann Isobel Madron. viewd by VS

Card from Metropolictaon Life Ind. Co. gives name as Ann I. Madron. for policy No. 311976. dated March 3, 1964. viewed b V. S.

Will for Ann Isobel Madron. dted Nov 21, 1974. viewed by V. S.

369-229-020-954

[redacted]

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. _____ St.

Hospital _____

Registration District No. 34 File No. 67803

Primary Registration District No. 2020 Registered No. 13

FULL NAME OF CHILD Grace Lozier

Sex of Child	Twin / Triplet / Quadruplet? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	yes	2nd.	yes	April 29th 1919

FATHER		MOTHER	
FULL NAME	Frank Lozier	FULL MAIDEN NAME	Catharine Rima
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Laborer (R.R)	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~), at 6-35 P. M. on the date above stated.

(Signature) B.W. Walther

(Physician or ~~Midwife~~)

Address Mtn Home

Filed 4/30 1919 B.W. Walther Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 22 1941

APR 16 1973

465-209-020-813

PLACE OF BIRTH

Form V. S. No. [illegible] 9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67804

County of Elmore

City of Mountain Home Registration District No. 34 File No.

No. — St. Primary Registration District No. 2020 Registered No. 6

Hospital

FULL NAME OF CHILD Jeanne Errill Montgomery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	April 9th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Worthington Montgomery	FULL MAIDEN NAME	Errill Ada Hall
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Idaho
OCCUPATION	Grocer	OCCUPATION	A wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ....., at 10 20 P. M. on the date above stated.

(Born alive on ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. E. W. Walther

(Physician or ~~midwife~~)

Address Mtn Home

Given names added from a supplemental report.

— 19.....

.....
Registrar

Filed 4/11 1919 B. E. W. Walther
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

993-220-020-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67805

County of Elmore

City of Mtn Home Registration District No. 34 File No.

No. — St.

Primary Registration District No. 2020 Registered No. 9

Hospital

FULL NAME OF CHILD Geraldine May Riley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	April 20 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. T. Riley	FULL MAIDEN NAME	Loraine Ross
RESIDENCE	Mtn. Home	RESIDENCE	Mtn. Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Hswife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4-05 A.M. on the date above stated.

(Signature) B. W. Walther

(Physician or ~~midwife~~)

Address Mtn Home

Filed 4/22 1919 B. W. Walther Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1942

293-222-020-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home Registration District No. 34 File No. 67806

No. — St.

Primary Registration District No. 2020 Registered No. 17

Hospital —

FULL NAME OF CHILD Aurora Sillonis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	April 22 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Nicolas Sillonis	FULL MAIDEN NAME Angela Gabiola
RESIDENCE	Mtn. Home	RESIDENCE Mtn. Home
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Spain	BIRTHPLACE Spain
OCCUPATION	Sheepman	OCCUPATION Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Slather

(Physician or ~~midwife~~)

Address Mtn Home

Given names added from a supplemental report.

..... 19.....

Filed 4/24 19 19 B W Slather

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1942

239-229-020-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home — Registration District No. 34 — File No. 67807

No. — St. — Primary Registration District No. 2020 — Registered No. 10

Hospital —

FULL NAME OF CHILD April Strickland

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	April 29th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugo Strickland	FULL MAIDEN NAME	Mabel De Long
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Motion Picture actor	OCCUPATION	Motion Picture Actress

Number of child of this mother, including present birth one — Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) on the date above stated. at 4.55 P. M.

(Signature) B. W. Mathes

(Physician or ~~midwife~~)

Address Mtn Home

Filed 4/30 19 19 — B. W. Mathes — Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 9-8-15

County [redacted]

~~City of~~ [redacted]

344-128-001-756 Registration District No. 8 File No. 67810

No. ..... St.

Primary Registration District No. 2004 Registered No. 21

Hospital .....

FULL NAME OF CHILD Wm. Cuddy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb. 21 1919

FATHER		MOTHER	
FULL NAME	Ray Cuddy	FULL MAIDEN NAME	Annie George
RESIDENCE	Ada Co	RESIDENCE	Ada Co
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 10 a. M. on the date above stated.

(Signature) H M Solverson

M.D.

(Physician or midwife)

Address Empire B. Boise

Filed 4/5 1919 L R Foreman

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

Form V. S. No. 11 -25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

928-209-001-928

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67811

County of Ada

City of Boise

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2004 Registered No. 22

Hospital St Lukes

FULL NAME OF CHILD Viola Ishiguri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	April 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Y. Ishiguri	FULL MAIDEN NAME	Chii Ishiguri
RESIDENCE	end of Warm Springs Ave	RESIDENCE	end of Warm Springs Ave
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	photographer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Bock

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 4-19 1919 L. P. Kirman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-205-001-236
PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of Boise

No. ..... St.

Hospital .....

Registration District No. 8 File No. 67812

Primary Registration District No. 2004 Registered No. 23

Full Name of Child Edna Marie Stover

SEX OF CHILD	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem		3	Yes	4-5-1919

FATHER		MOTHER	
FULL NAME	David Stover	FULL MAIDEN NAME	Kittie Stone
RESIDENCE	Near Cole School	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housekpr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Thomas

(Physician or midwife)

Address Boise

Given names added from a supplemental report

..... 19....

Filed 4-19 1919 L. B. Goodman

Registrar

..... Registrar

K

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67813

County [redacted]

City of Centerville

No. 296-228-008-395 St.

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 24

Full Name of Child GERTRUDE MAE BROOKS

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 3 (Month) 28 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Chester R. Brooks	FULL MAIDEN NAME Laura Treff
RESIDENCE Centerville	RESIDENCE Centerville
COLOR White AGE AT LAST BIRTHDAY 20 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wash.
OCCUPATION Fireman Locs.	OCCUPATION House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 4/19 1919 L. R. Froman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No 67813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Gertrude Mae Brooks

Subscribed and sworn to before me this 2nd
day of April, 1947.
Rosa E. Doyle
Notary Public, residing at Sunnyside Wash.
My commission expires Jan. 1- 1946
(Seal)

Signed Laura L. Brooks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sunnyside Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of April, 1947.
Rosa E. Doyle
Notary Public, residing at Sunnyside Wash
My commission expires January 1st 1946
(Seal)

Signed Chester R. Brooks
(Signature of Any Credible Person Other Than Previous Year)
Sunnyside Wash.
(Street Address, City, State)

814-209-
001-279

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67814

County of

City of

No. South of Person

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 25

FULL NAME OF CHILD Catherine Vimy Hammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Hammer	FULL MAIDEN NAME	Emily Sproale
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho Boise	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/11 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168 - 106 - 001 - 217

PLACE OF BIRTH

County of Ada

City of Boise

No. R-7-Mt#4 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 67815

Primary Registration District No. 2004

Registered No. 26

Full Name of Child Lawrence Malvin Joyce

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	April 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milo M. Joyce	FULL MAIDEN NAME	Rosa B. Sager
RESIDENCE	Boise Ida R-7 Mt#4	RESIDENCE	Boise Ida R-7 Mt#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Idaho

Filed 4/11 1919 L P Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-219-001-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Collister School District

Registration District No. 8

File No. 67816

No. ..... St.

Primary Registration District No. 2004

Registered No. 24

Hospital .....

FULL NAME OF CHILD Fay Wilson Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	April 19 1919

FATHER		MOTHER	
FULL NAME	T. F. Edwards	FULL MAIDEN NAME	Pearl Wilson
RESIDENCE	Collister School District	RESIDENCE	Collister School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Gardener	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 4/29 1919 L. A. Groman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1942

553-102-001-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67818

County of

City of

No. 8 a 9 I State St.

Hospital St Alphonse

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 96

FULL NAME OF CHILD Roy Albert Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	/		/	yes	April (Month) 2 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Nelson	FULL MAIDEN NAME	Agda Anderberg
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweeden
OCCUPATION	Bricklayer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 4/2 1919 L. P. Ferman

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1952

425-227-001-759

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67819

County of Ada

City of Boise

No. 1122 Grand Ave

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 97

FULL NAME OF CHILD Marie Julia Uberauga

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Mar 27 1919

FATHER		MOTHER	
FULL NAME	John Uberauga	FULL MAIDEN NAME	Julia Permine
RESIDENCE	1122 Grand Ave	RESIDENCE	1122 Grand Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 4/7 1919 L. A. Herman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. 709 1/2 Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67821

Primary Registration District No. 1004 Registered No. 99

FULL NAME OF CHILD Marie Matjenich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Jan (Month) 5 (Day) 1919 (Year)

	FATHER		MOTHER
FULL NAME	Mike Matjenich	FULL MAIDEN NAME	Marie Muller.
RESIDENCE	709 1/2 Main Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Lodging House	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Folweson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 517 Empire Bldg Boise

Filed 4/5 1919 L A Froman
Registrar

S-Y-CO. 38071

2 handwriting

366-211-001-141

PLACE OF BIRTH

County of Ada

City of Boise

No. 919 Pueblo St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

67823

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 101

FULL NAME OF CHILD Lois Jemima Cook

Sex of Child F. | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Mar 11 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Jas H. Cook	FULL MAIDEN NAME Lois Adams
RESIDENCE Boise Ida	RESIDENCE Boise
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Mass.	BIRTHPLACE N. Y.
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 10a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) HM Howerton M.D. (Physician or midwife)

Address 317 Empire B

Filed 4/2 19 19 L. L. Gorman Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-115-001-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1610 N 11 St.

Registration District No. 2 File No. 67824

Primary Registration District No. 1004 Registered No. 102

Hospital

FULL NAME OF CHILD Rex Rowe Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron H. Richards	FULL MAIDEN NAME	Caroline Foster
RESIDENCE	1610 N 11	RESIDENCE	1610 N 11
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sandy Utah	BIRTHPLACE	Moroni Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. 10-30 P M.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy

(Physician or midwife)

Given names added from a supplemental report.

Address 916 State St Boise

19

Filed 4/2 1919 L P Freeman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1955

789-103-001-356

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67825

County of Ada

City of Boise

No. St. St.

Hospital St. Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1204 Registered No. 104

FULL NAME OF CHILD Edwin Oscar Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Mar. 3 1919

FATHER		MOTHER	
FULL NAME	Adlai C Phillips	FULL MAIDEN NAME	Hattie M Leonard
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	brakeman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Beck

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4/7/19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

142-131-001-214

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67826

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 103

FULL NAME OF CHILD William Frederick Anson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch. 31 1919

FATHER		MOTHER	
FULL NAME	Austin E. Anson	FULL MAIDEN NAME	Stella Bader
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	Cal
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mch 31-1919 at 11:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Ida

Filed 4/2 1919 L. Forman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1943

769-202-001-986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. 810 Bantock St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67827

Primary Registration District No. 1004 Registered No. 105

FULL NAME OF CHILD Bertha Marie Goin

Sex of Child: Girl | Twin, Triplet or other? — | and Number in order of birth: 5 | Legitimate? Yes | Date of Birth: Apr 2 (Month) (Day) 191 9 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John R. Goin	FULL MAIDEN NAME: Rose Rhodes
RESIDENCE: City	RESIDENCE: City
COLOR: Wh	COLOR: Wh
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oregon
OCCUPATION: Soldier	OCCUPATION: Housework

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2 22 M.

(Signature) [signature]

(Physician or midwife)

Address

Filed 4/8 19 19 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

JUL 16 1942

236 - 205 - 001 - 289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of .....

City of ..... Registration District No. ..... File No. 67828

No. ..... St. Primary Registration District No. 1004 Registered No. 106

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	Yes	4 5 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Stone	FULL MAIDEN NAME	Mria Shinney
RESIDENCE	Salt Lake City	RESIDENCE	Salt Lake C.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Cal	BIRTHPLACE	Utah
OCCUPATION	Loco. Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cleven

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4/9 1919 L. C. Homan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF DEATH

JUL 10 1961

128-211-001-719

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67829

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 107

FULL NAME OF CHILD Betty Lou Ashline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Abram N. Ashline	FULL MAIDEN NAME	Margaret Garvey
RESIDENCE	511 Jeff St. Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Wis.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April 11-1919 at 7:30 a.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 4-14 1919 L. A. Forman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

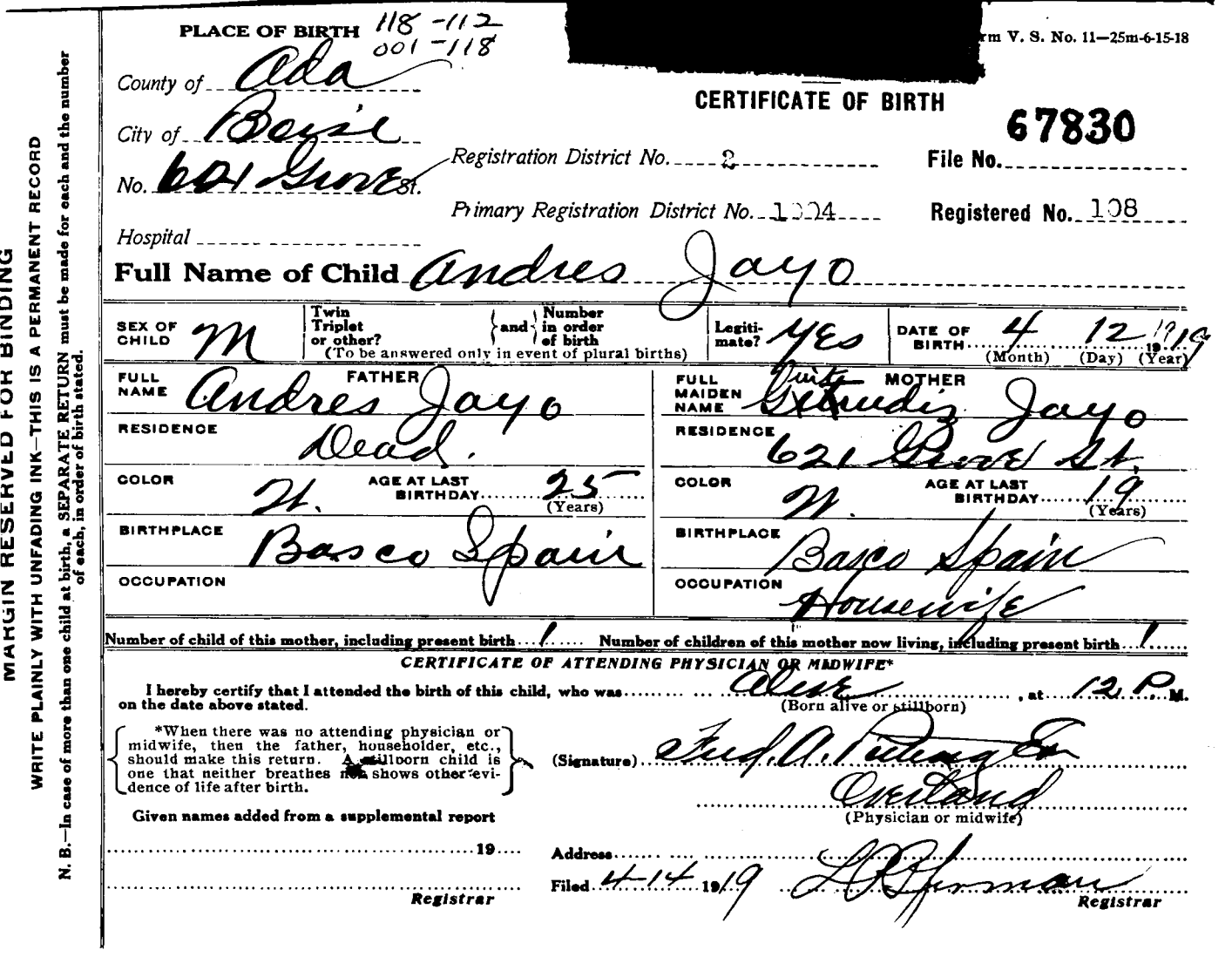
JAN 19 1943

MAR 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH 118-112 001-118

[redacted]

rm V. S. No. 11—25m-6-15-18

County of Ada

City of Boise

No. 621 Grove St.

Hospital

CERTIFICATE OF BIRTH

67830

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 108

Full Name of Child Andres Jayo

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		Yes	4 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andres Jayo	FULL MAIDEN NAME	Gertrudis Jayo
RESIDENCE	Dead.	RESIDENCE	621 Grove St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pittenger Jr.

Overland (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 4-14 1919 L. R. Sherman Registrar

627-117-001-285

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 67831

No. ..... St.

Primary Registration District No. 1004 Registered No. 109

Hospital St Alphonsus

FULL NAME OF CHILD Ray Osgood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M B Osgood	FULL MAIDEN NAME	Alberta Sherman
RESIDENCE	1717 N Brewster St Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mass.	BIRTHPLACE	So. Dak.
OCCUPATION	Capitalist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr 17th 1919, at 4:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Nunnaley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 4-19 1919 L O Gorman

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-108-001-366

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67832

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 110

FULL NAME OF CHILD Mark Coffin Arnold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Pliny M. Arnold	FULL MAIDEN NAME	Reva M. Coffin
RESIDENCE	905 E. Washington, Boise	RESIDENCE	905 E. Washington, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 05 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 4-19 1919 L. R. Forman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1971

955-129-001-282

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Form No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 **File No.** 67833

Primary Registration District No. 1004 **Registered No.** 111

Full Name of Child ~~xxxxxxxxxxxx~~ RONALD ~~xxxxxxxx~~ HARTLEY ~~xxxxxxxxxx~~ REESE

SEX OF CHILD Male	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births) and Number in order of birth 1st	Legitimate? Yes	DATE OF BIRTH ~~29~~ 3 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Hartley Reese	FULL MAIDEN NAME	Lenna Babee
RESIDENCE	520 So-16th St	RESIDENCE	same Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housekpr

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Ida

Filed 2-19 1919 L. Hoffman

Registrar

Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 67833
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for No name given (Name on original certificate) who (Was born or died) on 3-29-41 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother & Aunt (Bible record, insurance policy, etc.) prepared on Dec 2, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Ronald Hartley Reese

Subscribed and sworn to before me this 2nd
day of Dec, 1941
W. B. Joy
Notary Public, residing at Boise, Ida.
My commission expires 7/4/1945
[SEAL]

Signed Lenna Boyle Reese.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
409 State Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida. } ss.
County of Ada. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of December, 1941
W. B. Joy
Notary Public, residing at Boise
My commission expires 7/4/1941
[SEAL]

Signed Addie B. Dawson
(Signature of any credible person other than the previous affiant.)
2203 W. 30th St. Boise, Ida.
(Street Address, City, State)

Received for filing on By

APR 17 1951

356-129-001-745

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67834

Registration District No. 2

File No. _____

Primary Registration District No. 1004

Registered No. 112

Full Name of Child _____

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male			3 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Mortimer B. Lewis	FULL MAIDEN NAME	Mary E. Gunnell
RESIDENCE	901 E. Wash St.	RESIDENCE	901 E. Wash St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wyo.	BIRTHPLACE	Utah.
OCCUPATION	Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. W.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-19 1919 L. A. Sherman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Boise — Registration District No. 2 — File No. 67835

365-104-001-493

No. ____ St. — Primary Registration District No. 1004 — Registered No. 113

Hospital St Alphonsus

FULL NAME OF CHILD John Henry Commons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	April 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Commons	Jennie Miller
RESIDENCE	Jordan Valley, Oregon	Jordan Valley, Oregon
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Silver City, Idaho	Coburg, Oregon
OCCUPATION	Stockman + farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise Idaho

Filed 4/11 19 19 L. G. Forman

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

Form V.S. N

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

6/6/41 L. B.

415-214-001-643

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of _____

Registration District No. 2 File No. 67836

No. _____ St.

Primary Registration District No. 1004 Registered No. 114

Hospital St Alphonsus

FULL NAME OF CHILD Mildred Ruth Mavis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	April 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oliver H. Mavis	Ruth Fulton
RESIDENCE	Smiths Ferry, Idaho	Smiths Ferry, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Missouri	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise Idaho

Filed 4/22 19 19 L. P. Finnell Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1970

APR 10 1944

PLACE OF BIRTH 693-109
001-365

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1907 S. 9 St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 67837

Registered No. 115

Full Name of Child John Burton Dale Williams

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH April (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William R. Williams	FULL MAIDEN NAME	Teresa Connaughton
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Idaho

Filed 4/22 1919 L P Forman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Boise } ss.
County of ADA

Certificate No. 67837
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	April 8, 1919	April 9, 1919
Name	John Burton Williams	John Burton Dale Williams

Subscribed and sworn to before me this 13th
day of November, 19 41.
N. B. Coy
Notary Public, residing at Boise, Idaho
My commission expires 7-14-1945
[SEAL]

Signed Mrs. Teresa Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #1, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of November, 19 41.
N. B. Coy
Notary Public, residing at Boise, Idaho
My commission expires 7/14/1945
[SEAL]

Signed Marjorie Williams
(Signature of any credible person other than the previous affiant.)
Rt. 1, Boise, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

219-216-001-413

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67838

County of Ada

City of Boise

No. 109 S 4th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 116

FULL NAME OF CHILD Genevieve Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	April 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. R. Bailey	FULL MAIDEN NAME	Maude May Materia
RESIDENCE	109 S 4th	RESIDENCE	109 South 4th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Bouk

(Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 4/22 1919 L. P. Jerman

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-125-001-769

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67839

County of Ada

City of Boise

No. 21st & Dora St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 117

Full Name of Child Albert Carl Slater

SEX OF CHILD M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 4 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert Slater	FULL MAIDEN NAME	Stella Porci
RESIDENCE	21st and Dora	RESIDENCE	21st and Dora
COLOR	Wt. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	Wt. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingill

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Overland Bldg

Filed 4/28 1919 L P Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-223-001-291

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67840

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus.

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 118

Full Name of Child Jane Adams.

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fe.		Yes.	4 23 1919

FATHER		MOTHER	
FULL NAME	John C Adams.	FULL MAIDEN NAME	Cecil Bradley.
RESIDENCE	1502 N. Jefferson	RESIDENCE	1502 Jefferson
COLOR	W. AGE AT LAST BIRTHDAY 51 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Whyo.
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 2 A. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report

..... 19...

Registrar

Address Overland Bldg

Filed 4/28 1919 L. R. Foman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1967

OCT 4 1973

APR 2 9 2002

653-218-001-253

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. Glens Ferry St.

Hospital St Luke's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67841

Primary Registration District No. 1004 Registered No. 119

FULL NAME OF CHILD Helen Louise Wells

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
F	—	1	Yes	Apr. 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C W Wells	FULL MAIDEN NAME	Frances E. Kelly
RESIDENCE	Glens Ferry	RESIDENCE	Glens Ferry
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Brakeman (RR)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) S N Torney

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 4/28 1919 L A Briman

Registrar

S-Y-CO 38071

AUG 2 7 1943

792-125-801-343

PLACE OF BIRTH

County of Ada

City of Boise

No. 214 W 16 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 67842

Primary Registration District No. 1004

Registered No. 120

Full Name of Child John Winslow Gibb

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	4 25 1919

FATHER

FULL NAME W. M. Gibb

RESIDENCE 1211 N. 16.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Civil Engr.

MOTHER

FULL MAIDEN NAME Mae Tucker

RESIDENCE 1211 N 16

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Pa.

OCCUPATION Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 4/28 1919 H. Hoffman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 0 1976

JUN 27 1949

719-122-001-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 67843

Primary Registration District No. 1004 Registered No. 121

FULL NAME OF CHILD Willet Keith Garsja

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 - 22 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. P. Garsja	FULL MAIDEN NAME	Lottie S. McKeeth
RESIDENCE	Grandview, Idaho	RESIDENCE	Grandview, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McLaylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 4/29 1919 L. R. Forman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-217-001-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 67844

No. _____ St.

Primary Registration District No. 1004

Registered No. 122

Hospital St. Alphonsus

FULL NAME OF CHILD Janet Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 — 17 — 1919

FATHER		MOTHER	
FULL NAME	C. L. Tucker	FULL MAIDEN NAME	Johannah Ross
RESIDENCE	904 E. Washington, Boise	RESIDENCE	904 E. Washington, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 a. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Filed 4/29 1919 L. B. Johnson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K

SEP 4 1942

SEP 30 195,

364-217-001-449.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St.

Hospital St Alphonsus

Registration District No. 2 File No. 67845

Primary Registration District No. 1004 Registered No. 123

FULL NAME OF CHILD Mary Eleanor Coughlin

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm. J. Coughlin	FULL MAIDEN NAME	Florence Murphy
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Waterbury Connecticut	BIRTHPLACE	Portland, Oregon
OCCUPATION	Standard Furniture Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4/29 1919 L. R. Thomas Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-225-001-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67846

County of Ada

City of _____ Registration District No. 2 File No. _____

No. _____ St. Primary Registration District No. 1004 Registered No. 124

Hospital St Alphonsus

FULL NAME OF CHILD Margaret Ann McDonald

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	April 25 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo J. McDonald	FULL MAIDEN NAME	Nora Hansen
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Manchester, Va.	BIRTHPLACE	Sabin, Minn.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.9 M. on the date above stated.

(Signature) L. P. McCallum M.D.

(Physician or midwife)

Address _____

Filed 4/29 1916 L. A. Foreman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1966

585-228-001-542

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 67847

No. ..... St.

Primary Registration District No. 1004

Registered No. 125

Hospital St. Alphonsus

FULL NAME OF CHILD LUCILE MAE Nye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Apr. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. H. Nye	FULL MAIDEN NAME	Ester Edson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr. 28, at 5:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 4/29 1919 L. H. Ofman

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 67847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed Nye (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 28, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record and Prudential Ins. policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 28, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Nye	Lucile Mae Nye

Subscribed and sworn to before me this 27th day of January, 19 42

Therese E. Brakey
Notary Public, residing at Los Angeles, Calif.
My commission expires My Commission Expires March 21, 1943.
(SEAL)

Signed Mrs Esther Nye Gamble (Mother)
(SIGNATURE OF PARENT OR [illegible] IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
4247½ Monroe St. Los Angeles Cal
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 42

Therese E. Brakey
Notary Public, residing at Los Angeles, Calif.
My commission expires My Commission Expires March 21, 1943.
(SEAL)

Signed John H Nye (Father)
(SIGNATURE OF [illegible] CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1470 Durango Los Angeles
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 0 1942 By
(REGISTRAR'S SIGNATURE)

MAR 19 1942

653-225-001-168

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. 716 Jaffes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 67848

Primary Registration District No. 1004 Registered No. 126

FULL NAME OF CHILD Thelma Elva Weltzheimer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Apr. 25 1919

FATHER		MOTHER	
FULL NAME	Roy A. Weltzheimer	FULL MAIDEN NAME	Elva Eleanor Johnson
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Ill.
OCCUPATION	Solicitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr 25 (Born alive or ~~stillborn~~), at 630 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 4/28 19.....

L. P. Ferman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 27 1942

PLACE OF BIRTH

819 - 221 - 001 - 268

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

AMENDED

CERTIFICATE OF BIRTH

November 19, 1946

No. ____ St.

Registration District No. 2

File No. 67849

Hospital ____

Primary Registration District No. 1004

Registered No. 128

FULL NAME OF CHILD Blanche Anna Harrison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 21 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Harrison	FULL MAIDEN NAME	Mary R. Boyd
RESIDENCE	Barber, Idaho	RESIDENCE	Barber, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Millman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 4/29/ 1919 L. P. Pfirman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Spokane } ss.

Certificate No. 67349
Date Filed Nov. 12, 1946

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Anna Blanche Harrison (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1919 (Date of Event)
in Boise, Idaho (Place) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Veterans' Registration Card State of Washington Pasadena (Park) Precinct (Bible Record, Insurance Policy, Etc.) prepared on August 10, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anna Blanche Harrison	Blanche Anna Harrison

Subscribed and sworn to before me this 12th day of November, 1946
Russell B. Alexander
Notary Public, residing at Spokane
My commission expires Jan 12, 1949
(Seal)

Signed Mrs. Robert Harrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 6, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 12th day of November, 1946
Russell B. Alexander
Notary Public, residing at Spokane Wn
My commission expires Jan 12, 1949
(Seal)

Signed W. E. Emerson
(Signature of Any Credible Person)
E. 1006 - Sanson - Ave.
(Street Address, City, State)
Spokane - Washington

652-226-001-816

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 67850

No. ..... St.

Primary Registration District No. 1004

Registered No. 130

Hospital St. Alphonsus

FULL NAME OF CHILD Georgine Hazel Webster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George R Webster	FULL MAIDEN NAME	Hattie B Hawley
RESIDENCE	2618 Ada	RESIDENCE	2610 Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ore.
OCCUPATION	Ticket agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 4/29 1919 L P Ferman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1953

962-117-001-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of

No. St. Alphonsus St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67851

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 131

FULL NAME OF CHILD Gordon Keith Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	April 17 1919

FATHER		MOTHER	
FULL NAME	C. B. Ross	FULL MAIDEN NAME	Isabelle Thompson
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	U. S. R. S. clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 4/29 1919 L. P. Grimau

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 67851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ross (Name on Original Certificate) who born (Was Born or Died) on Apr. 17, 1919 (Date of Event)
in Ada County Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physicians (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Gordon Keith Ross

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed John Boud
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

315 N 18 St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

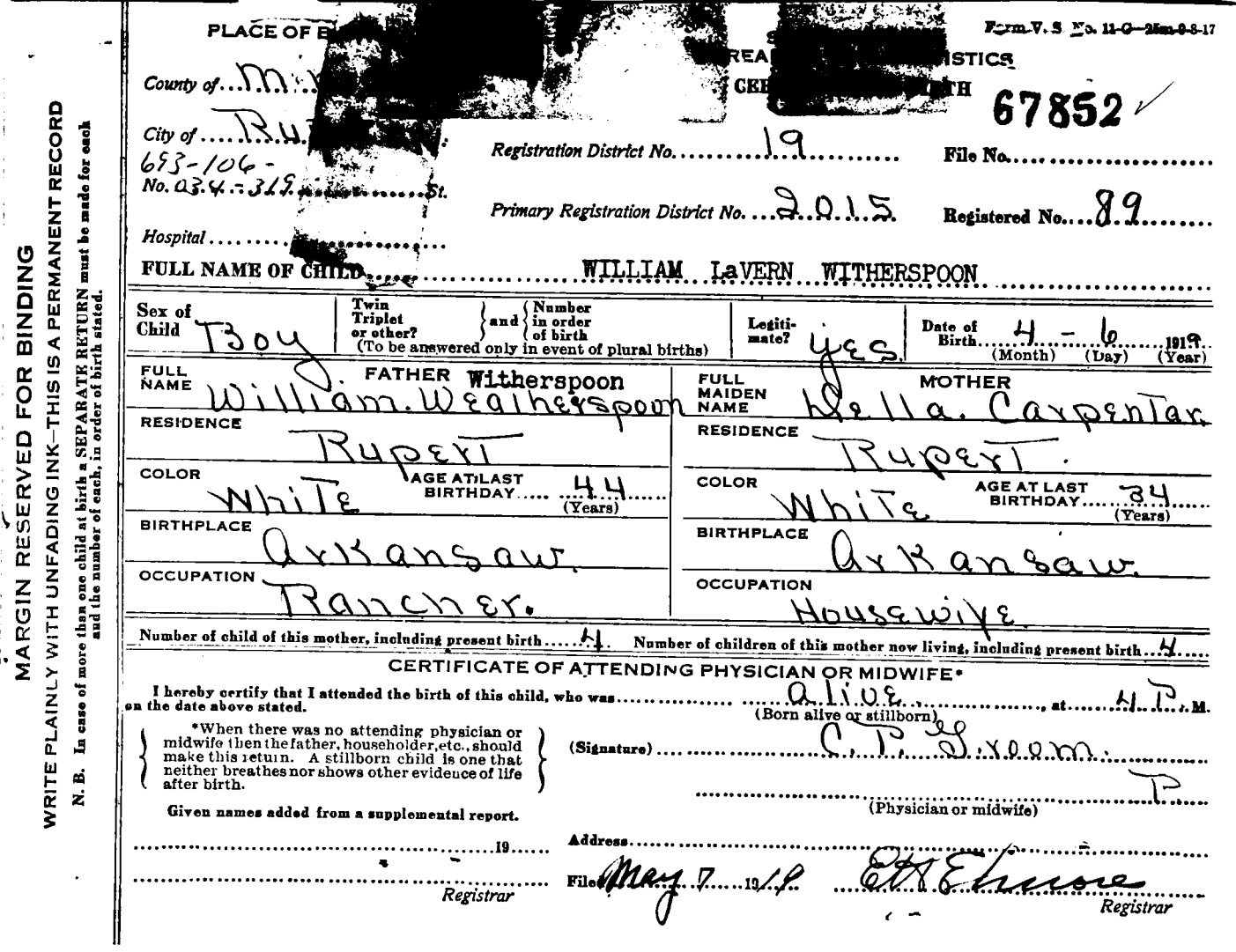
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 1967



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[redacted]

Form V. S. No. 11-G—25m-9-8-17

[redacted]REA[redacted]ISTICS

CE[redacted]TH

67852

County of M[redacted]

City of Ru[redacted]

693-106-

No. 034-319 St.

Registration District No. 19

File No.

Primary Registration District No. 2015

Registered No. 89

Hospital [redacted]

FULL NAME OF CHILD WILLIAM LaVERN WITHERSPOON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	4 - 6 1919

FATHER		MOTHER	
FULL NAME	William Weatherspoon	FULL MAIDEN NAME	Della Carpentar
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Arkansaw	BIRTHPLACE	Arkansaw
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

File May 7 1919 Ett Elmore

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67852
Date Filed MAR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Bert Name Purlas Ha	Unnamed Weatherspoon	William LaVern Witherspoon
Surname HILDA DUREE	Weatherspoon	Witherspoon

Subscribed and sworn to before me this 17th
day of Nov, 1941

Signed Sarah Della Witherspoon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Probate Judge & Notary Public, residing at Rupert Idaho

Rupert Idaho
(Street Address, City, State)

My commission expires .....
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at .....

.....
(Street Address, City, State)

My commission expires .....
[SEAL]

Received for filing on MAR 4 1942 By .....
(Registrar's signature)

154-108-034-966

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67853

County of Minidoka

City of Minidoka Dam.

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2201

Registered No. 92

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.		Yes.	4 - 8 1919

FATHER		MOTHER	
FULL NAME	Fred. J. Anderson.	FULL MAIDEN NAME	Mable Rowe.
RESIDENCE	Minidoka Dam.	RESIDENCE	Minidoka Dam
COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Montana
OCCUPATION	Machenist.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

P.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 7 1919 Ett E. Lucore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-117-034-194

PLACE OF BIRTH

[redacted]

S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

67854

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 81

Hospital

FULL NAME OF CHILD William Patrick Dell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3-17-1919

FATHER	MOTHER
FULL NAME William Dell	FULL MAIDEN NAME Sadie Armstrong
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White — AGE AT LAST BIRTHDAY 42 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Colorado
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 5 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Broom

(Physician or midwife) P.

Address Rupert, Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 7 1919 C. T. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 22, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

219-218-034-219

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 19

File No. 67855

Primary Registration District No. 2015

Registered No. 492

FULL NAME OF CHILD Laura Mae Baird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	3 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Richard Baird.	FULL MAIDEN NAME	Mary Bailey.
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 8 1919 [signature]

Registrar

PLACE OF BIRTH

County of.....

(Month) (Day) (Year)

L.D.S. Church Cert. of Blessing, May 4, 1919 gives full name of child as Laura Mae Baird, born March 18, 1919 at Rupert, Idaho to Richard Baird and Mary S. Bailey - viewed by V.S. L.D.S. Church Cert. of Baptism and Confirmation, July 10, 1927 gives full name of child as Laura Mae Baird, born March 18, 1919 at Rupert, Idaho, to Richard Baird and Mary S. Bailey - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of MINIDOKA } ss.

Certificate No. 67855

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Baird (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on May 4th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Laura Mae Baird

Subscribed and sworn to before me this 30th day of December 1960

Lloyd Hurst

Notary Public, residing at Rupert
My commission expires Feb. 16th 1964
(Seal)

Signed Richard Baird (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 1, Heyburn, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of MINIDOKA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December 1960

Lloyd Hurst

Notary Public, residing at Rupert
My commission expires Feb. 16th 1964
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

1023 6th St. Rupert, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12-19-60. nm

JAN 4 1961

335-106-034-299

PLACE OF BIRTH

Amended 5/10/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-6-8-17

CERTIFICATE OF BIRTH

67856

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 1-93

FULL NAME OF CHILD Robert Louis Clegg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	3 (Month) - 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Louis Clegg	FULL MAIDEN NAME	Cora Bird
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sugar Factory Emp	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919

E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 9 1979
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 67856

Date Filed 3/3/79

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Clegg (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1919 (Birth or Death) (Date of Event)

in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on March 6, 1927 - June 4, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Robert Louis Clegg

Subscribed and sworn to before me this 1 day of March, 19 79

Kenneth M. Singleton
Notary Public, residing at Salt Lake City, Utah
My commission expires May 5, 1980
(Seal)

Signed Robert Louis Clegg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1213 Navajo St. Salt Lake City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of March A.D., 19 79

Kenneth M. Singleton
Notary Public, residing at Salt Lake City, Ut.
My commission expires May 5, 1980
(Seal)

Signed Norman L Banks
(Signature of Any Credible Person)

6330 So 440 East Murray, Ut.
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 10-6-77 $1.00 ret. (C) fc

MA? 1979

Certif of Baptism and Confirmation to the LDS Church gives name as Robert Clegg son od Lewis Clegg and Cora Bird. born March 6, 1919 at Paul,Idaho. Baptized Mar ch 6, 1927. xixwx viewed by V. S.

Certof of Ordination ot the Holy Priesthood gives name as Robert Lewis Clegg ordained a Teacher on June 4, 1933. viewedby v. S.

Honorable Discha reg from the XXX US Navy gives name as Robwrt Louis Clegg date of separation Oct 17, 1945. viewed by V. S

651-210-016-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67857

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 6 94

FULL NAME OF CHILD Willow Weatherly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy W. Weatherly	FULL MAIDEN NAME	Emily Cox
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	California
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed May 7 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 - 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

NOV 15 9 31 AM '74

Certificate No. 67857

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weatherly (Name on Original Certificate) who Was born (Was Born or Died) on Mar. 10, 1919 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Willow Weatherly

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Emily M. Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
November, 19 74.

Signed Emily M Morrison (mother)
(Signature of Any Credible Person)

Notary Public, residing at 238 E 18th St
My commission expires Sept 22, 1976
(Seal)

1634 E 1st St Oakland Calif 94606
(Street Address, City, State)

FORM DH 60-155 CL 10/31/74 nm

Irma M Van Calvo

Social Security No 570-09-7947 card gives name as Willow Omick. viewed by V. S.

NOV 26 1974

record from Oakland Public Schools, Oakland, Calif. gives name as Willow Weatherly. born March 10, 1919. attended from 1936 to June 6, 1937. School listed as Roosevlet High School viewd by V. S.

255-202-034-819

PLACE OF BIRTH

[redacted]TATE OF IDAHO
[redacted]U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-47

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka Registration District No. 19 File No. 67858

No. ..... St.

Primary Registration District No. 2201 Registered No. 7 95

Hospital .....

FULL NAME OF CHILD Roberta Sue Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 - 2 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arther Benson	FULL MAIDEN NAME	Sadye Harrington
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	New York
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919 E H Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1966

55-6 121-034-763 Amended 11-14-56

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 12

File No. 67859

Primary Registration District No. 2015

Registered No. 896

FULL NAME OF CHILD WALLACE A. NEWBOLD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	2 - 21 - 1919

FATHER		MOTHER	
FULL NAME	George A. Newbold	FULL MAIDEN NAME	Doloros Potter
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah.	BIRTHPLACE	Aroz.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 7 1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 67859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1919 (Date of Event)
in Rupert (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record prepared on Insurance policy Nov. 21, 41
Social Security Card (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Wallace A. Newbold

Subscribed and sworn to before me this 29 day of
October 1956
Notary Public residing at MALTA, IDAHO
My commission expires January-25-1957
(Seal)

Signed √ Dolores M Newbold. George A Newbold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bridge, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
October 1956
Notary Public residing at MALTA, IDAHO
My commission expires January-25-1957.
(Seal)

Signed Frank Olson
(Signature of Any Credible Person)
Frank Olson
Bridge, Idaho.
(Street Address, City, State)

FORM DPH 55. 155

MAR 13 197

313-210-034-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67860

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 97

FULL NAME OF CHILD Jean Esther Cattell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	4 (Month) – 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lewis E. Cattell	FULL MAIDEN NAME	Zelia Fry
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919

E H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-108-034-219

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 67861

Primary Registration District No. 2015

Registered No. 98

FULL NAME OF CHILD William Forrest Douglas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	4 - 8 - 1919

FATHER		MOTHER	
FULL NAME	William L. Douglas	FULL MAIDEN NAME	Maggie Baily
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis	BIRTHPLACE	Nebraska
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 0 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 67861
County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for William Forrest Douglas, (Name on Original Certificate) who Borned, (Was Born or Died) on Apr. 8, 1919, (Date of Event) in R.F.D. #1, Rupert, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	William Forrest Douglas
Fathers middle initial	J.	L.

Subscribed and sworn to before me this 17 day of February, 1945.

Paul A. Freush
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1947.
(Seal)

Signed Margaret M Douglas Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Minidoka~~ Idaho. } ss.
County of Minidoka }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of February, 1945.

Paul A. Freush
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1947.
(Seal)

Signed Lena Baily.
(Signature of Any Credible Person)

R.F.D. #2, Rupert, Idaho.
(Street Address, City, State)

K

FEB 27 1945

FEB 22 1945

168-228-034-753

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67862

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	4 - 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H. Johnson	FULL MAIDEN NAME	Sarah Peterson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Sweeden
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 7 1919

Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-213-034-331

PLACE OF BIRTH

Form V. S. No. 11-G—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 67863

No. ..... St.

Primary Registration District No. 2015

Registered No. 120

Hospital .....

FULL NAME OF CHILD Helen J. Blackinton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gril		yes	4 - 13 - 1919

FATHER		MOTHER	
FULL NAME	Emmit Blackinton	FULL MAIDEN NAME	Ruby Clark
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	So. Dok.	BIRTHPLACE	Utah
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919

E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-208-016-385

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67864

County of .....

City of Declo

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 191

FULL NAME OF CHILD Lenore Beth Smersh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	3-8-191 9

FATHER		MOTHER	
FULL NAME	Stanley C. Smersh	FULL MAIDEN NAME	Esther Thebo
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 7.9 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 7 1919 A. M. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-210-034-364

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—Mm-9-8-17

67865

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2015

Registered No. 102

Hospital

FULL NAME OF CHILD Eva Emily Oconnor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			4 - 10 1919

FATHER		MOTHER	
FULL NAME	Francis B. Oconnor	FULL MAIDEN NAME	Emma Cormick
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

P
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar

Filed May 7 1919 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-130-034-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 5-1-17

67866

CERTIFICATE OF BIRTH

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 103

FULL NAME OF CHILD Keith Hardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 30 1919

FATHER		MOTHER	
FULL NAME	A. Hardin	FULL MAIDEN NAME	Blanche Ford
RESIDENCE	Paul, Ida.	RESIDENCE	Paul, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson

M. D. (Physician or midwife)

Address Burley, Ida.

Filed May 7 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

413 - 119 - 034 - 35 - 6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2013

File No. 67867

Registered No. 104

FULL NAME OF CHILD Hugo Earnest Dalsoglio

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	4 19 1919

FATHER		MOTHER	
FULL NAME	Ernesto Dalsoglio	FULL MAIDEN NAME	Anna Leoni
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 lb. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. B. Kinney

Physician

(Physician or midwife)

Address .....

Filed May 7 19 19

E. A. Elmore

Registrar

STATE OF IDAHO JUN 13 194?

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 6767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hugo Earnest Dalsoglio (Name on original certificate) who was Born (Was born or died) on April 19th 1919 (Date of event)
in Lewiston (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
		Hugo Earnest Dalsoglio

Subscribed and sworn to before me this 10
day of June, 19 47

Notary Public, residing at Lewiston

My commission expires Nov 16 1947

[SEAL]

Signed Annie Leoni Dal Soglio
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

569-121-034-569

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 67868

Registered No. 105

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		No	4 (Month) 21 (Day) 1919 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	Rupert
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White — AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenny

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919 E H Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-223-034-743

Form V. S. No. 1-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Kimama

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67869

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 106

FULL NAME OF CHILD Hilda Lenora Schorzman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	4 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Skorzman	FULL MAIDEN NAME	Catrina Guthmiller
RESIDENCE	Kimama	RESIDENCE	Kimama
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	S Dak	BIRTHPLACE	S Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 7 1919 E H Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 67869

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baby (Birth or Death)
for (Name on Original Certificate) who Was born (Was Born or Died) on Apr. 23, 1919 (Date of Event)
in Minidoka, Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hilda Lenora Schorzman

Subscribed and sworn to before me this 30
day of August, 1943

S. H. Kunau
Notary Public, residing at Burley Idaho

My commission expires March 1-1947
(Seal)

Signed Katherine Schorzman Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of Sept, 1943

Clerk of Dist Court
Notary Public, residing at Burley, Idaho

My commission expires 10-1-44
(Seal)

Signed Jeannette Y Chamberlain
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho.
(Street Address, City, State)

415-214-034-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67870

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 107

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Hanks	FULL MAIDEN NAME	Myrtle Jones
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Ehnore

(Physician or midwife)

Given names added from a supplemental report.

Address Rupert Idaho

..... 19.....

Filed 4-15 1919 E H Ehnore

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-127-034-495

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67871

Registration District No. 14 File No. .....

Primary Registration District No. 2013 Registered No. 107

FULL NAME OF CHILD Alma Edwin Peck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	April 27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse R. Peck	Anna Magdalene Dieterle
RESIDENCE	Rupert	Rupert
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Johnson

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 30 1917 A. H. Johnson Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

K

816-129-021-967

Amended 1-8-64 (Be sure the information is complete and accurate)

State File No. 67872

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 98

Reg. Dist. No. 27-

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Glenn
b. (Middle): Rogers
c. (Last): Hawkes

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 29, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Hawkes, Jr.

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Hyde Park, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anna
b. (Middle): R.
c. (Last): Rogers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Benson, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Allen R. Cutler

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Preston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 2, 1919

20. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 7 1964 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 67872

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Glenn Roger Hawks (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1919 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Hawks	Glenn Rogers Hawkes
Father's Last Name	Hawks	Hawkes

Subscribed and sworn to before me this 6 day of January, 1964

Notary Public, residing at Preston, Idaho

My commission expires Nov. 20 - 1966

(Seal)

Signed Wm. Arnett Hawkes

(Signature of ~~parent~~ or attendant if correcting a birth record; of attendant, ~~funeral director~~, informant if correcting a death record; or other credible person.) older brother

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of January, 1964

Notary Public, residing at Preston Idaho

My commission expires Nov. 20 - 1966

(Seal)

Signed Leo K. Hawkes

(Signature of Any Credible Person)

294 E 2 S Preston Idaho

(Street Address, City, State)

FORM DH 60-158 CL 12-24-63. nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
843-227-021-366.

County of....Franklin.....

City of...Roosevelt.....

No.....St.

Hospital.....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No.....27.....

Primary Registration District No.....119.....

File No.....67873

Registered No.....77.....

FULL NAME OF CHILD.....Rella Hulse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Apr. 27 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William Hulse	FULL MAIDEN NAME: Charlotte Lofthouse
RESIDENCE: Roosevelt Idaho	RESIDENCE: Roosevelt Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Millville Utah	BIRTHPLACE: Paridise Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth....4... Number of children of this mother now living, including present birth....3....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....Born alive..... (Born alive or stillborn), at 3:50A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....

.....Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address.....Preston Idaho.....

Filed.....19.....

.....
Registrar

L.D.S. Church Cert. of Blessing, June 6, 1919 gives full name as Rella Hulse, daughter of Joseph William Hulse and Charlotte Lofthouse, born Apr. 27, 1919 at Weston, Idaho - viewe by V.S. L.D.S. Church Cert. of Baptism and Confirmation, May 15, 1927 gives full name as Rella Hulse, daughter of J. William Hulse and Charlott Lofthouse, born April 27, 1919 at Weston, Idaho - viewed by V.S

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

APR 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 67873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hulse (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1919 (Date of Event)
in Roosevelt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rella Hulse

Subscribed and sworn to before me this 6th day of April, 1963.

Notary Public, residing at Preston
My commission expires 5-22-1963
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

353 East 2nd N. Preston, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1963.

Notary Public, residing at Preston, Ida.
My commission expires 5-22-1963
(Seal)

Signed Ray Hulse (Signature of ~~Any~~ Credible Person)

Weston Ida. (Street Address, City, State)

FORM DH 60-155 CL 3-25-63. nm

235-129-021-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-s.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17

Primary Registration District No. 2119

File No. 67874

Registered No. 46

FULL NAME OF CHILD DON WINWARD STEVENSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	Twin		yes	Mar 29, 19 19

FATHER	MOTHER
FULL NAME: Samuel Stevenson	FULL MAIDEN NAME: Irene Winward
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Whitney Idaho	BIRTHPLACE: Whitney Idaho
OCCUPATION: Electrician	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician
(Physician or midwife)

Address Preston Idaho

Filed May 2 19 19 [signature] Registrar

235-129-021-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2114

File No. 67875

Registered No. 95

FULL NAME OF CHILD WINWARD DEAN STEVENSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	twin			yes	Mar 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Stevenson	FULL MAIDEN NAME	Irene Winward
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	whitney Idaho	BIRTHPLACE	Whitney Idaho
OCCUPATION	Electrictian	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed May 2 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 67875

State of Utah } ss.
County of Cache

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Winward Dean Stevenson (Name on Original Certificate) who Born (Was Born or Died) on March 29, 1919 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on at time of his Birth (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Stephenson	Stevenson
Namd	Unnamed	Winward Dean

Subscribed and sworn to before me this 3rd day of Sept, 1942

W. Nielsen
Notary Public, residing at Logan
My commission expires Cache Co Clerk
(Seal)

Signed Dean Winward Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

28 W. S. N. - Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Sept, 1942

W. Nielsen
Notary Public, residing at Logan Utah
My commission expires Cache Co Clerk
(Seal)

W. Nielsen, Logan, Utah

Signed Dean W. Stevenson.
(Signature of Any Credible Person Other Than Previous Year)

28 W. S. N. Logan Uta.
(Street Address, City, State)

262-220-021-855

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67876

Registered No. 94

FULL NAME OF CHILD Phyliss Bosen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Apr. 20 1919

FATHER		MOTHER	
FULL NAME	Wendell Bosen	FULL MAIDEN NAME	Gladys Henningsen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ephriam Utah	BIRTHPLACE	Manti Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth I ..... Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6;45p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Id aho

..... Registrar

Filed May 1 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855 - 206 - 021 - 269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67877

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 5119

File No. .....

Registered No. 93

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Apr. 6. 1919

FATHER	MOTHER
FULL NAME: Albert Francis Henderson	FULL MAIDEN NAME: Edith Sorenson
RESIDENCE: Clifton Idaho	RESIDENCE: Clifton Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Clifton Idaho	BIRTHPLACE: Mendon Utah
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:35P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Preston Idaho

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-111-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67878

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 92

FULL NAME OF CHILD Theodore Nelson Bensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Surge Baliff Bensen	FULL MAIDEN NAME	Malinda Carolina Nelson
RESIDENCE	Whitney Idaho	RESIDENCE	Whitney Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Logan Utah	BIRTHPLACE	Morgan Utah
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 1 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-113-021-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67879

Registered No. 91

FULL NAME OF CHILD Hugo Samuel Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Apr. 13 1919

FATHER		MOTHER	
FULL NAME	Samuel L. Smith	FULL MAIDEN NAME	Minnie Matilda Hanson
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Riverdale Idaho	BIRTHPLACE	Glenco Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed May 2 1919

[signature] Registrar

[signature] Registrar

255 - 115 - 003 - 699

Amended 1-21-63 (Be sure the information is complete and accurate)

State File No. 67880
Local Reg. No. 90
Reg. Dist. No. 27

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cleveland
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cleveland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Darrell
b. (Middle): Orison
c. (Last): Bennett

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Apr. (Day) 15, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Thomas
b. (Middle): B.
c. (Last): Bennett

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Cleveland, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Letha
b. (Middle):
c. (Last): Orison

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Franklin, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Allen R. Cutler

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Preston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 2, 1919

20. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JAN 18 1963

Bureau of Vital Statistics

State of [illegible] } ss.
County of [illegible] }

Certificate No. 67880

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bennitt (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1919 (Date of Event)
in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Darrell Orison Bennett
Father's Last Name	Bennitt	Bennett

Subscribed and sworn to before me this 17 day of [illegible], 1963

Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 5-28-62. one copy pd. rec. #10463.

766-215-021-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 27

Primary Registration District No. 3119

File No. 67881

Registered No. 29

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Apr 15 1919

FATHER	MOTHER
FULL NAME: Thomas Alexander Pool	FULL MAIDEN NAME: Mary Elizabeth Swainston
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: South Carolina	BIRTHPLACE: Franklin Idaho
OCCUPATION: Farmer	OCCUPATION: wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6: P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

[signature] Registrar

K

459-216-021-652

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Rranklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2114

File No. 67882

Registered No. 88

FULL NAME OF CHILD MAXINE MERRILL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr. (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Marriner Orin Merrill	FULL MAIDEN NAME	Flossie Webb
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Richard Utah
OCCUPATION	Eye Strain Speciliest	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at II;20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed March 2 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin

Certificate No. 67882

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 16 1919 (DATE OF EVENT)
in Preston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 16 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Maxine Merrill
father's name	Marvin Orin Merill	Marriner Oran Merrill

Subscribed and sworn to before me this 24
day of April, 1947

Notary Public, residing at Preston Idaho

My commission expires Dec 17 1944
(SEAL)

Signed Flossie Webb Merrill
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 ..... By .....
(REGISTRAR'S SIGNATURE)

APR 29 1942

365-112-021-695

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67883

County of Franklin

City of Treasurton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2114

File No. .....

Registered No. 87

FULL NAME OF CHILD KENNETH FIELD CONLIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
male		yes	Apr. 17 (Month) (Day) 19 9 (Year)

FATHER	MOTHER
FULL NAME: E. E. Conlin	FULL MAIDEN NAME: Ruby May Field
RESIDENCE: Treasurton Idaho	RESIDENCE: Treasurton Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Ogden Utah	BIRTHPLACE: Ogden Utah
OCCUPATION: Farmer	OCCUPATION: wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 19 9

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE BIRTH must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 67883

State of Idaho } ss.
County of Franklin }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Kennith Field Conlin

Subscribed and sworn to before me this 16
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1944
(SEAL)

Signed E E Conlin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Father

Franklin Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1944
(SEAL)

Signed Shirley Mansfield
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 20 1942 By .....
(REGISTRAR'S SIGNATURE)

449-227-021-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 67884

Primary Registration District No. 2119 Registered No. 56

FULL NAME OF CHILD Marie Durstiller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Apr. 27 1919

FATHER	MOTHER
FULL NAME: Arnold Durstiller	FULL MAIDEN NAME: Ethel Swainston
RESIDENCE: Winder Idaho	RESIDENCE: Winder Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: ~~26~~ (Years)	AGE AT LAST BIRTHDAY: ~~25~~ (Years)
BIRTHPLACE: Whitney Idaho	BIRTHPLACE: Whitney Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 1919

[signature] Registrar

APR 22 1969

613-201-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67885

Registered No. 85

FULL NAME OF CHILD Ida Estella

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 1, 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Alfred R Watson	FULL MAIDEN NAME: Maggie Ernestine Buigham
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: England	BIRTHPLACE: Weber Co Utah.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 15. Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed May 2 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-209-021-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67886

Registered No. 84

FULL NAME OF CHILD Gladys Chadwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April (Month), 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Levon Chadwick	FULL MAIDEN NAME	Maggie Wibrow
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Avon, Utah.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.15 AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed May 2 1919 D. A. R. Pulton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 19 1943

749-113-021-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67887

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 83

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 13 1919

FATHER		MOTHER	
FULL NAME	LeRoy Purnell	FULL MAIDEN NAME	Eleanor Porter
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Whitney, Idaho.	BIRTHPLACE	Preston, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed [illegible] 2 19[illegible] [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-113-021-685

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67888

County of Franklin

City of Preston, R.F.D. #1 Registration District No. 51 File No.

No. Glendale St. Primary Registration District No. 2119 Registered No. 82

Hospital

FULL NAME OF CHILD DONALD NELSON WHEELER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Wheeler	FULL MAIDEN NAME	Benta Wheeler
RESIDENCE	Glendale, Idaho.	RESIDENCE	Glendale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Glendale, Idaho.	BIRTHPLACE	Glendale, Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho.

Registrar

Filed May 2 1919 Dr W R Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 7 1942

AUG 5 1970

MAR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 67888

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Wheeler (Name on Original Certificate) who born (Was Born or Died) on April 13, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donald Wheeler	Donald Nelson Wheeler

Subscribed and sworn to before me this 7th
day of March, 1942

Notary Public, residing at Logan, Utah

My commission expires Aug. 2, 1944
(Seal)

Signed Benta N Wheeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

31 Lowe Avenue, Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of March, 19 42

Notary Public, residing at Logan, Utah

My commission expires Aug. 2, 1942
(Seal)

Signed Mary Johnson
(Signature of Any Credible Person Other Than Previous Year)

Logan, Utah
(Street Address, City, State)

415-113-021-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67889

Registered No. 81

FULL NAME OF CHILD Stewart C. Manning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April, 13, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	LeRoy Manning	FULL MAIDEN NAME	~~Lottie Lewella Collett~~
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Henry, Idaho.
OCCUPATION	Plumber	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed May 2 1919

Dr A R Culter
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-226-021-713 ADDED CHILD'S NAME 7-29-96 MS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67890

County of ...Franklin.....

City of Oneida Plant....

No. ..... St.

Hospital .....

Registration District No. .....27.....

Primary Registration District No. 2119.....

File No. .....

Registered No. 80.....

FULL NAME OF CHILD ..... LOIS EMMA HANNAH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April, 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R.J. Hannah	FULL MAIDEN NAME	Emma Gallard
RESIDENCE	Oneida Plant, Idaho	RESIDENCE	Oneida Plant,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Silverton, Colorado	BIRTHPLACE	Santa Clara Colorado.
OCCUPATION	Electrician	OCCUPATION	Wife

Number of child of this mother, including present birth .....3.. Number of children of this mother now living, including present birth .....3...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... at 10.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address ..... Preston, Idaho.

Filed May 2 1919 ..... Br A R Cullen
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

7-2-96

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 16 1996
VITAL STATISTICS UNIT

State of California
County of Ventura } ss.

Certificate No. 67890
Date Filed MAY 2, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED HANNAH (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on APRIL 26, 1919 (Date of Event)

in ONEIDA PLANT (FRANKLIN) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED HANNAH	LOIS EMMA HANNAH

Subscribed and sworn to before me this 9th day of July, 1996.
Notary Public, Barbara N. Ballion
Residing at 533 Seaga Ave Fillmore CA
My commission expires 8/19/99.
(Seal)

Lois H King
Signature of Applicant
382 Foothill Drive Fillmore CA 93015
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Ventura } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

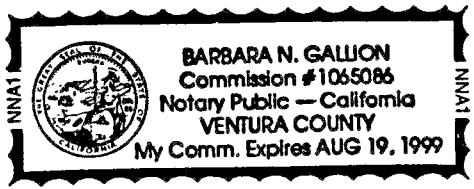
Subscribed and sworn to before me this 9th day of July, 1996.
Notary Public, Barbara N. Ballion
Residing at 533 Seaga Ave Fillmore CA.
My commission expires 8/19/99
(Seal)

Gerald B Davis
Supporting Signature
400 Foothill Drive Fillmore CA 93015
Street Address, City, State

lcc sent asis

CERTIFICATE OF MARRIAGE FROM THE STATE OF CALIFORNIA SHOWS CHARLES BURTON KING AND LOIS EMMA HANNAH WERE MARRIED SEPT. 22, 1940 VIEWED V.S.

CERTIFICATE OF BIRTH STATE OF CALIFORNIA SHOWS CHARLES BURTON KING, JR BORN OCT. 21, 1942 IN CULVER (LOS ANGELES) CA TO CHARLES BURTON KING AND LOIS HANNAH VIEWED VS.



862-227-021-683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended 5-11-81

County of Franklin

City of Presten

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

67891

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 79

FULL NAME OF CHILD Doris W. Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 27 1929

FATHER

FULL NAME: John S. Hobbs

RESIDENCE: Banida, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Franklin, Idaho.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Erma Wilcox

RESIDENCE: Banida, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Salt Lake, Utah.

OCCUPATION: Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 445 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Presten, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 19 29

[signature] Registrar

OCT 2 9 1973

3-26-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Cassia } ss. APR 15 9 46 AM '81

Certificate No. 67891
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hobbs (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-27-19 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Doris W. Hobbs

Subscribed and sworn to before me this 13th day of April, 1981.

Notary Public, Carol K. Jones
Residing at Burley Idaho
My commission expires Life
(Seal)

Doris Hobbs
Signature of Applicant

723 E 16th Lane
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certifi-cate of membership gives name as Doris Hobbs child of John S. and Erma G. Wilcox, born April 27, 1919 at Preston, Idaho. Recorded July 19, 1919. Viewed by V. S.

Certificate of Baptism gives name as Doris Hobbs, daughter of John and Erma Hobbs, born April 27, 1919, in Preston, Idaho. Baptized May 15, 1927. Viewed by V.S.

Certificate of birth of child gives maiden name of mother as Doris W. Hobbs, mother of Todd Gunnell. Child born June 14, 1963, at Preston, Idaho. Viewed by V.S.

363-101-021-493

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67892

County of Franklin

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April, 1, 1919

FATHER		MOTHER	
FULL NAME	John Alfred Cole	FULL MAIDEN NAME	Jane Millington
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Willard, Utah.	BIRTHPLACE	Treasureton, Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11,40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

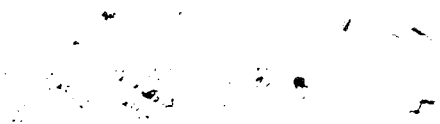
Registrar

Filed May 2 1919

Dr W R Cultee
Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



843-105-021-651

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27

File No. 67893

Primary Registration District No. 2119

Registered No. 77

FULL NAME OF CHILD Clair W. Hull

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin			Yes	April 5, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoy Hull	FULL MAIDEN NAME	Allabell Weaver
RESIDENCE	Whitney, Idaho.	RESIDENCE	Whitney, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Whitney, Idaho.	BIRTHPLACE	Millville, Utah.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Registrar

Filed Apr. 30 1919 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1944

843 - 205-021-65-1

PLACE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 27

File No. 67894

Primary Registration District No. 2119

Registered No. 76

FULL NAME OF CHILD Clair W. Hull

Sex of Child: Female

Twin, Triplet or other? Twin and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: April 5 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: LeRoy Hull	FULL MAIDEN NAME: Allabell Weaver
RESIDENCE: Whitney, Idaho.	RESIDENCE: Whitney, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Whitney, Idaho.	BIRTHPLACE: Millville Utah.
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 4. 20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Hales

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho.

Filed Jan. 30 19 9

D. A. Coulter
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6789d

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Name Given	Clair W. Hull.

Subscribed and sworn to before me this 8
day of [illegible] 1944

Notary Public, residing at Boise

My commission expires 1/14/44
(Seal)

Signed Mack Dunkley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 8 1944

754-214-021-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Banida

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 67895

Registered No. 75

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh L. Geddes	FULL MAIDEN NAME	Lydia Lowe
RESIDENCE	Banida, Idaho.	RESIDENCE	Banida, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10, 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed Apr 31 1919 Drak Curtis

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-115-021-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67896

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 74

FULL NAME OF CHILD Wm Moran

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April (Month), 15 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Wm Cyrus Field	FULL MAIDEN NAME: Margaret Moran
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Ogden, Utah.	BIRTHPLACE: Durham Co England
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed Apr 30 1919

Dr A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-106-021-843

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67897

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 57

Primary Registration District No. 2119

File No. .....

Registered No. 99

FULL NAME OF CHILD Glen Hulet Dees

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	yes	April 6 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo E Dees	FULL MAIDEN NAME	Lenora M Hulet
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Dayton Idaho	BIRTHPLACE	Summit Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 6 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weston Idaho

Filed May 1 1912 Dr A R Culbe
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certific. Copy issue Vol. 50, 1911. N. .

366 - 219 - 021 - 593

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67898

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

Registration District No. 57

Primary Registration District No. 2119

File No. _____

Registered No. 101

FULL NAME OF CHILD GRACE NADEAN LOWE

Sex of Child	Twin or Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	and	One	Yes	April 19th 1909

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Lowe	Grace Pilstel
RESIDENCE	Franklin Idaho	Franklin Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Franklin Idaho	Blackfoot Idaho
OCCUPATION	Farming	wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 19th 1909, at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H R Adamson M D

(Physician or midwife)

Address Richmond Utah

Filed May 6 1909 D. Drake Rutter Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 67898

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Grace Nadean Lowe

Subscribed and sworn to before me this 23rd. day of February, 1943.

Notary Public, residing at Preston, Idaho
My commission expires May 1st. 1945.
(SEAL)

Signed Grace Felsted Lowe
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Franklin, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd. day of February, 1943.

Notary Public, residing at Preston, Idaho
My commission expires May 1, 1945
(SEAL)

Signed Mrs. Seamons
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 27 1943

MAR 2 9 1974

249-117-021-692

PLACE OF BIRTH

County of Franklin

City of Fairview

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

67899

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 100

FULL NAME OF CHILD DeVon Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2nd	Yes	April 14th 1919

FATHER		MOTHER	
FULL NAME	Walter Smith	FULL MAIDEN NAME	Ada Weaver
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on April 14th, at 1.44 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) H A Adamson M.D

(Physician or midwife)

Address Richmond Utah

Filed May 6 19 19 Dr A R Curtis
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 67899

JAN 29

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	De Von Smith

Subscribed and sworn to before me this 20 day of Jan., 1942

Notary Public, residing at Preston, Idaho

My commission expires 1-21-45
(SEAL)

Signed Ada Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By .....
(REGISTRAR'S SIGNATURE)

793-217-003-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67900

County of Bannock

City of Bancroft

Registration District No. 84 File No.

No. St.

Primary Registration District No. 2161 Registered No. 20

Hospital

FULL NAME OF CHILD Thelma Gilbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	4-17-1919

FATHER		MOTHER	
FULL NAME	Alonzo Jesse Gilbert	FULL MAIDEN NAME	Jennie Taylor
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

.....19.....

Registrar

Filed 4-17-1919 M. P. Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

2001 1st St. N. St.

753-229

Hospital 014-513

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 67901

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child Peterson, Nell Marie

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F.			yes	May 29 1918

FATHER

FULL NAME Oscar L. Peterson

RESIDENCE Idaho Falls

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ella C. Knott

RESIDENCE Idaho Falls

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION Hsmk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

Nampa (Physician or midwife) Physician

Address Nampa Idaho

Filed May 8 1918 Pearle Dodds Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

Form [illegible]-19

PLACE OF BIRTH

RECEIVED
JUL 2[illegible] 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. ..... File No. .....

No. 1st St. N. St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Nell Marie Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal		yes	3 29 1919

FATHER		MOTHER	
FULL NAME	Oscar L Peterson	FULL MAIDEN NAME	Ella C. Knott
RESIDENCE	Idahofalls	RESIDENCE	Idahofalls
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. L. Robinson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed ..... 19.....

..... Registrar.

..... Registrar.

177-226-014-234

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 1006

File No. 67904

Registered No. ____

Full Name of Child Mary Applegate

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	4 26 1919

	FATHER	MOTHER
FULL NAME	John Applegate	FULL MAIDEN NAME Meda Stunk
RESIDENCE	Nampa	RESIDENCE Nampa
COLOR	W.	COLOR
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE Kansas
OCCUPATION	Foreman, Rd Work	OCCUPATION Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H E Robinson

(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed May 10 1919 Pearle

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

FEB 1 1968

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. [illegible] No. 11-C—[illegible]-9-8-15

[redacted]

CE OF BIRTH

County of Canyon

City of Nampa

494-206-014-495

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 67905

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Mildred Genevieve Drury

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	First	yes	Mar 6th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Drury	FULL MAIDEN NAME	~~[illegible]~~ Iris Dress
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	About 20 (Years)
BIRTHPLACE	Preston, Menasota,	BIRTHPLACE	North Platte, Nebraska
OCCUPATION	Rancher & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 3-6-1919 at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida.

Filed May 10 1919 Pearle Dodds

Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 67905

Date Filed May 10, 1919

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Mildred Drury (Name on original certificate) who was born (Was born or died) on March 6, 1919 (Date of event)

in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on June 14, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of child	Mildred Drury	Mildred Genevieve Drury
Mother's name	Iras Dress	Iris Dress
Mother's birthplace	not listed	North Platte, Nebr.

Subscribed and sworn to before me this 14th day of July, 19 41

Myrna L. Brewer

Notary Public, residing at Boise

My commission expires April 1, 1945

[SEAL]

Signed Iris Dress

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

424 Chestnut St., Nampa, Idaho

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....

(Signature of any credible person other than the previous affiant)

.....

(Street Address, City, State)

Received for filing on ..... by .....

(Registrar's signature)

165-114-014-319

PLACE OF BIRTH

[redacted] Form V.S. No. 11-C—25m-9-8-15

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67906

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital Nampa General

FULL NAME OF CHILD Lawrence Samuel Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marvel Leroy Jones	Mary Larkin
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Rogersville Tenn.	Rogersville Tenn
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) H P Ross M D

(Physician or midwife)

Address Nampa Ida

Filed May 10 1919 Pearle Dodder

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

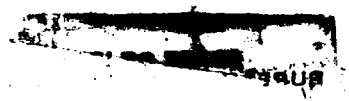
Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DECEASED

943-129-022-791

CE OF BIRTH

Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99

File No. 67907

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Lewis Milton Rule

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch. 29th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Milton Rule	FULL MAIDEN NAME	Bessie Emily Prater
RESIDENCE	St Anthony Ida.	RESIDENCE	St Anthony Ida
COLOR	White — AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Dow City Iowa	BIRTHPLACE	Woodbine Iowa
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony, Ida

Filed Apr 10 1919

W Barrett

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

892 212-022-892

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67908

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Russel Hibbert

Sex of child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 / 12 1919

FATHER		MOTHER	
FULL NAME	Thomas M Hibbert	FULL MAIDEN NAME	Leolin Johnson Hibbert
RESIDENCE	Anthony Ida	RESIDENCE	Anthony Ida
COLOR	Lite	COLOR	Lite
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dingle Dell Ida	BIRTHPLACE	Bonesteel South Decaata
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

MD (Physician or midwife)

Given names added from a supplemental report.

Address St. Anthony Idaho

Registrar

Filed Apr 10 1919 W B West

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1967

221-102-022-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 67909

Registered No. .....

FULL NAME OF CHILD James Edward Skalet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			March 2, 1919

FATHER	MOTHER
FULL NAME: Ole O. Skalet	FULL MAIDEN NAME: Kate Parry
RESIDENCE: St. Anthony, Idaho	RESIDENCE: St. Anthony, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 54 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: England
OCCUPATION: Merchant	OCCUPATION: House work

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Filed Apr 10 1919 W. Alvrat

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-214
022-319

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67910

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. ..... St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Cora Genevieve Klingler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 14 1919

FATHER		MOTHER	
FULL NAME	Karl C. Klingler	FULL MAIDEN NAME	Genevieve Cardon
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Rexburg	BIRTHPLACE	Franklin Ida
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Bwrst

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Apr 10 1919

W Bwrst

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 3 1945

MAR 6 1963

MAY 1 7 1967

497-201
022-465

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-8-8-17.

CERTIFICATE OF BIRTH

67911

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Sara Effie Dixon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 18 1917

FATHER		MOTHER	
FULL NAME	Lee Dixon	FULL MAIDEN NAME	Ethel Monroe
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Ida
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was none alive (Born alive or stillborn) at 10:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Wirt

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Mar 6 1919 W D Wirt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1942

NOV 5

662-211
022-619

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 67912

Registered No. .....

FULL NAME OF CHILD Lilah Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Feb 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Nephi Foster	FULL MAIDEN NAME	Marian Josephine Wardell
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wyoming	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony, Ida.

Filed Mar 10 1919

W B West
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-3600571

846-133-022-343

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 67913

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD ..... THOMAS HAL Huff .....

Sex of Child	Twin, Triplet or ...? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Feb. 23 1919

	FATHER	MOTHER
FULL NAME	Thomas Alberto Huff	FULL MAIDEN NAME Rosa Lester Tuck
RESIDENCE	Teton Idaho	RESIDENCE Teton Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE Lupville Virginia
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. M. Farnsworth M.D.
(Physician or midwife)

Address St. Anthony Idaho

Filed Mar. 10 1919 W. D. Dexter Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idah } ss.
County of Fremont }

Certificate No. 67913

SEP 16 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thomas Hal Huff (Name on Original Certificate) who was born (Was Born or Died) on July 3 1919 (Date of Event)
in Teton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Huff	Thomas Hal Huff

Subscribed and sworn to before me this 4
day of March, 1942.
Alma E Rawlins
Notary Public, residing at Ashdale Idaho
My commission expires March 31 1943
(Seal)

Signed X Rosa Huff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Teton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of September, 1942
W. L. Williams
Notary Public, residing at St Anthony Idaho
My commission expires April 1 1943
(Seal)

Signed Fred A Crawley
(Signature of Any Credible Person Other Than Previous Year)
Teton, Idaho
(Street Address, City, State)

SEP 18 1942

993-223-022-415

PLACE OF BIRTH

County Fremont

City of St. Anthony

No. R.F.D. #3 St.

Registration District No. 99

Primary Registration District No. 2177

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 67914

Registered No.

FULL NAME OF CHILD Juanita Margret Hitchie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 23 1917

FATHER		MOTHER	
FULL NAME	Walter Albert Hitchie	FULL MAIDEN NAME	Margret Davis Hitchie
RESIDENCE	St Anthony Idaho	RESIDENCE	St Anthony Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	San Francisco Calif	BIRTHPLACE	Springville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address St. Anthony Idaho

Registrar

Filed Nov 16 1917 W. Hart
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1962

433-210-022-162

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67915

Registration District No. 99577 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MARY Ellen McLane ~~McLane~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feby 10 1919

FATHER		MOTHER	
FULL NAME	Chas D. McLane ~~McLane~~	FULL MAIDEN NAME	Ema Isabell Josephson
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blevest

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mar 10 1919 W Blevest

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 67915

State of Idaho } ss.
County of Fremont }

NOV 3 1944

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for McLain (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 10, 1919 (DATE OF EVENT)
in Chester, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 10, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	McLain	McLane
Name	Unnamed	Mary Ellen McLane

Subscribed and sworn to before me this 30
day of October, 1944

Signed Charles D. McLane
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at St. Anthony Idaho

My commission expires Jan 18-1945
(SEAL)

Chester, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 30
day of October, 1944

Signed Mary B Hathaway
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at St. Anthony Idaho

My commission expires Jan 18-1945
(SEAL)

Chester, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 4 1944

239-103
042-895

PLA[redacted]

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67916

County of T.W[redacted]alls

City of Kimberly

Registration District No. 36

File No.

No. ..... St.

Primary Registration District No. .....

Registered No. 21

Hospital Home

FULL NAME OF CHILD Lawrence Strong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry Strong	FULL MAIDEN NAME	Flora Hinman
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M.H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly Idaho

Filed April 7 1919 Mrs Anna Jamison

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

962-40-8-042-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 36

File No. 67917

Primary Registration District No. .....

Registered No. 2

FULL NAME OF CHILD Effie Tryphenia Rose

Sex of Child Female

Twin / Triplet or other? and (Number in order of birth)
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 8 1919
(Month) (Day) (Year)

FATHER

FULL NAME John W. Rose

RESIDENCE Murtaugh

COLOR White

AGE AT LAST BIRTHDAY 57 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ellen Workman

RESIDENCE Murtaugh

COLOR White

AGE AT LAST BIRTHDAY 47

BIRTHPLACE Nevada

OCCUPATION House wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A.M. P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Davis M.D.
(Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

Filed April 25 1919 Mrs Anna Lamson

962-110-042-719

PLACE OF BIRTH

County of Twin Falls

City of ~~Twin~~ Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-5-17

CERTIFICATE OF BIRTH 67918

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 25

FULL NAME OF CHILD Ray Lee Robinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 10 1919

FATHER		MOTHER	
FULL NAME	J. M. Robinson	FULL MAIDEN NAME	Florence Parks
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10-20P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dawson M.D. (Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 25 19 19 Mrs. Emma Jamison Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK THIS IS A PERMANENT RECORD

RESERVED FOR BINDING

165-111-042-25-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67919

Registration District No. 36 ..... File No. .....

Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD Melvin Oscar Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Jones	FULL MAIDEN NAME	Mamie Knowles
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed April 25 1919 Mrs Anna Jamison

Registrar

c.c. 5/15/41. w.b.

NOV 19 1950

319-206-042-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Twin Falls Co.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 36

File No. 6720

Primary Registration District No. .....

Registered No. 24

FULL NAME OF CHILD Marguerite Bhattie Larsen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	4 (Month) 6 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Larsen	FULL MAIDEN NAME	Olive Atkins
RESIDENCE	Rock Creek, Ida	RESIDENCE	Rock Creek, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Cash Valley, Utah	BIRTHPLACE	Tooele Utah
OCCUPATION	Farming & cattle raising	OCCUPATION	none

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.

(Physician or midwife)

Address Kimberly Idaho

Filed April 25 1917 Mrs Anna Jamison Registrar

JUL 6 1954

796-108-042-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

67921

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 22

FULL NAME OF CHILD Henry Wesley Gross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 8 1919

FATHER

FULL NAME Walter Fredrick Gross

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elizabeth Sievers

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housework

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Lostetter M.D.

(Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 25 1919 Mrs Emma Jamison Registrar

FEB 25 1943

693-130-042-812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Form V. S. No. 11-C—2m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 36 File No. 67922

Primary Registration District No. ..... Registered No. 29

FULL NAME OF CHILD Randall Keith Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 30 1919

FATHER		MOTHER	
FULL NAME	Harry Wilson	FULL MAIDEN NAME	Mable Jane Haskins
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

Kimberly (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed April 30 19 19 Mrs Anna Jamison

SEP 9 1971

219-222-042-136

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67924

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 27

FULL NAME OF CHILD Florence Emma Eastwell

Sex of Child F | Twin / Triplet / or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 22 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	A. L. Eastwell	FULL MAIDEN NAME	Emma Acoff
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ark	BIRTHPLACE	Ills.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Howe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

..... Registrar

Filed April 25 1919 Mrs. Anna Jamison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

219-225-004-519

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. .....

File No. 67925

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	4 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Amos Barker	FULL MAIDEN NAME	Cora Earley
RESIDENCE	Round Valley	RESIDENCE	Round Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Round Valley
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ....5.... Number of children of this mother now living, including present birth ....5....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Fulton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Registrar

Filed 10-19 19.....

R J Fulton

Registrar

195-119-004-247

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. 11-5-20m 8-8-17

67926

County of Bear Lake Co.

City of St. Charles

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Stanley Delmar Arnell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			April 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Stanley Arnell	FULL MAIDEN NAME	Lanore Pugmire
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St. Charles Ida	BIRTHPLACE	St. Charles Ida
OCCUPATION	Station Operator	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Paris, Idaho

Filed 5-10 1919

R. J. Sutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 14 1971

RECEIVED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 28 1971
Bureau of Vital Statistics

State of Utah } ss.
County of Cache }

Certificate No. 67926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Arnell (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1919 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed	Stanley Delmar Arnell

Wm S. Arnell

Subscribed and sworn to before me this 20th day of July, 19 71

Margaret C. Hickman

Notary Public, residing at Logan, Utah

My commission expires 9 December 1974.

(Seal)

Signed Leamon S. Arnell
(Signature of parent, attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

293 Lauralin Drive-Logan, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 19 71

Thos. C. Parkinson

Notary Public, residing at Blackfoot

My commission expires 11-10-74

(Seal)

Signed Orson Packham
(Signature of Any Credible Person)

17 So. Broadway, Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/14/71 nm

Certificate of Ordination issued by L.D.S. on Sept. 13, 1931 gives name as Stanley Del-Mar Arnell. Ordained a Deacon on Aug 30, 1931.
Viewed by V.S.

Baptismal Record issued by L.D.S.Church On April 30, 1927. Baptized by Frank Cottle and Confirmed by Con Joseph W. Linford. Issued Sept. 13, 1931 and Recorded in Book 23C
Viewed by V.S.

JUL 2 8 1971

695-205-004-195

PLACE OF BIRTH amended 12/13/79

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

Registration District No. _____ File No. 67927

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Clea May Windley

Sex of Child Girl | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Windley	FULL MAIDEN NAME	Thelma Arnell
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Paris Ida

Filed April 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
STATE OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. NOV 7 1 36 PM '79
County of _____

Certificate No. 67927
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Windley (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 5, 1919 (Date of Event)

in St. Charles, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Clea May Windley

Subscribed and sworn to before me this 31st day of October, 1979.

Notary Public, [signature] Peterson
Residing at Salt Lake City, Utah
My commission expires 9-07-82
(Seal)

[signature]
Signature of Applicant
2012 Alison Circle
Salt Lake City, Utah 84117
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 10/23/79 ret'd $5 check

Patriarchial Blessing by William R. Morgan on the head of Clea May Windley daughter to Raymond Wesley Windley and Thelma May Windley. born April 5,1919 at St. Charles Idaho. viewedby V. S.

DEC 13 1979

Family Bible record gives nameasClea May Windley born April 5,1919. viewed by V. S.

312-117-004-854

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67928

County of Bear Lake

City of Camp Lifton

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Cornelius Laker	FULL MAIDEN NAME	
RESIDENCE	Camp Lifton	RESIDENCE	Dora Cornelia Hemmert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE		BIRTHPLACE	St. Charles
OCCUPATION	Apperator for the Utah Power & Light Co.	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Paris, Idaho

Filed 5-10 1919 R. J. Sutton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-217-004-983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67929

County of Bear Lake

City of Bennington — Registration District No. ____ File No. ____

No. ____ St. — Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Geneva Wright

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	April 17 1919

FATHER		MOTHER	
FULL NAME	Conover Wright	FULL MAIDEN NAME	Lenore Booth Rich
RESIDENCE	Bennington Ida.	RESIDENCE	Bennington "
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bennington, Ida.	BIRTHPLACE	St Charles Ida.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 20.4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M. D. (Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 5-10 1919

R. J. Sutton
Registrar

S-Y-CO 38071

K

DEC 4 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... DEC 27 1 33 PM '73

Certificate No. 67929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Wright (female) who was born on April 17, 1919
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Bennington, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by L.D.S. Church records prepared on 1945 (compilation), are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Geneva Wright

Subscribed and sworn to before me this 26 day of December, 19 73

Notary Public, residing at Ovid, Idaho

My commission expires 12-22-76

(Seal)

Signed X Lenore K. Wright (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

915 Monroe Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of December, 19 73

Notary Public, residing at Ovid, Idaho

My commission expires 12-22-76

(Seal)

Signed Blaine Williams
(Signature of Any Credible Person)

318 North Court Montpelier, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12/3/73

From Bear Lake Cranch Genealogical Library, Montpelier, Idaho gives information taken from File #2401, part 1 gives name as Geneva Wright, daughter of Conover and Lenor B. (Rich) Wright. born April 17, 1919 in Bennington, Idaho. Was Blessed June 1, 1919. Was Baptized July 19, 1927. Viewed by V. S.

FEB 28 1974

Own daughter's birth certi.fon file in Idaho (390627) gives mother's name as Geneva Wright. father's name as Stephens Donovan J. Viewed by V. S.

363-118-004-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

No. _____ St.

Hospital _____

Registration District No. _____ File No. 67930

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Jesse Russell Cottle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Louis Cottle	FULL MAIDEN NAME	Myrtle Manning
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M. D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Paris, Idaho

Filed 5-10 1919 R. J. Sutton Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Dec. 10, 1940. L.

619-219-004-713

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

67931

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... Rhea Constance Ward .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				4 19 1919

FATHER

FULL NAME: John M. Ward

RESIDENCE: Bloomington

COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Bloomington

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida May Patterson

RESIDENCE: Bloomington

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Bloomington

OCCUPATION:

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn) on the date above stated, at 11:35a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M. D.
(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-10-1919

R J Sutton
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 27 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 67931

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Ward (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1919 (Date of Event)

in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rhea Constance Ward

Subscribed and sworn to before me this 25 day of April, 1967

Notary Public, residing at Farmington, Utah

My commission expires 4-10-69

(Seal)

Signed X Rhea M. Ward (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Garfield }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of April, 1967

Notary Public, residing at Panguitch, Utah

My commission expires 4-10-69

(Seal)

Signed XX Dorothy T. Houston (sister)
(Signature of Any Credible Person)

120 N 1 W Panguitch Utah
(Street Address, City, State)

FORM DH 60-155 CL 11-17-65. nm

L.D.S. Church Certificate of Blessing, Rhea Constance Ward, daughter of John M. Ward and Ida Patterson, born April 19, 1919 at Bloomington, Idaho - viewed by V.S.

AUG 0 1967

636-126-004-747

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

Registration District No. .....

File No. 67932

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				4 26 1919

FATHER

FULL NAME: Chance Floyd

RESIDENCE: St. Charles

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: St. Charles

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Estelle Pugmire

RESIDENCE: St. Charles

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: St Charles

OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Idaho

Registrar

Filed 5-10 1919

R. J. Sutton
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-217-042-795

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

Name added 7-30-81

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration Di[illegible] 085

[illegible]TATE OF IDAHO
[illegible] OF VITAL STATISTICS
[illegible]IFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

67933

File No. .....

Registered No. .....

FULL NAME OF CHILD Raymah Lenora Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	Apr 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orion Butler.	FULL MAIDEN NAME	Conney Presnell.
RESIDENCE	Kimberly.	RESIDENCE	Kimberly.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	N.C.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Louchek,

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho.

Filed May 3 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-13-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 30 8 30 AM '81

State of Idaho
County of Twin Falls } ss.

Certificate No. 67933
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Butler (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-17-19 (Date of Event)

in ~~XXXXXXXXX~~ (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Raymah Lenora Butler
city of birth	Not Named	Kimberly

Subscribed and sworn to before me this 29th day of July, 19 81

Notary Public, Betty L. Sullivan

Residing at Twin Falls

My commission expires 10/24/82

(Seal)

Raymah L. Jarvis
Signature of Applicant

Rt. 1, Kimberly, ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 19 81

Notary Public, Betty L. Sullivan

Residing at Twin Falls

My commission expires 10/24/82

(Seal)

Betty Clontz
Supporting Signature

7 E North Main Kimberly Idaho
Street Address, City, State

Certificate of Citzenship gives name as Raymah Butler of Kimberly, Twin Falls County, Idaho, awarded Certificate of Citzenship in recognition of Attainment of Voting Age and hereby introduced into all privileges of official Citizenship. Dated at Boise, Idaho November 1, 1940. Twin Falls Rural Urban Council Idaho Congress of Parents and Teachers.
Viewed by V.S.

JUL 30 1981

Public School Diploma gives name as Raymah Butler born in Twin Falls, County, Idaho issued by the Twin Falls, County School System, Maude Kleinkopf, County Supt. of Public Instrution, Theo Brackenbury, Teacher, Roy McBride, Chairman of School Board. Graduated May 26, 1933.
Viewed by V.S.

359-207-042-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-3-17

CERTIFICATE OF BIRTH

67934

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Jean Leighton .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4 7 1919

FATHER		MOTHER	
FULL NAME	Elvis Chase Leighton	FULL MAIDEN NAME	Ella May Booth
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kan.	BIRTHPLACE	Okla
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 1 .... Number of children of this mother now living, including present birth .... 1 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason

(Physician or midwife)

Address Twin Falls.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 3 1919 W. F. Pike Registrar

693-126-042-814

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 67935

Registered No. .....

FULL NAME OF CHILD Bryant Willis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	X 26 1919

FATHER		MOTHER	
FULL NAME	Bryant Willis	FULL MAIDEN NAME	Maud Hammond
RESIDENCE	T F	RESIDENCE	~~Wyo~~ T. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	~~Utah~~ Arizona	BIRTHPLACE	Wyo
OCCUPATION	Rancher	OCCUPATION	Huf

Number of child of this mother, including present birth X Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

..... (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address T. F.

Registrar

Filed May 3 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Maude Willis of Stockton, Calif.

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

of Bryant Willis
if friend or otherwise, so state)

who ____ in the city of Twin Falls, County of Twin Fal
(was born, died)

on the ____ day of ____, 19__, as stated in a certificate of ____
birth or

____ filed by ____
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of ____, County of ____

Idaho, on the ____ day of ____ 19__.

That the following facts set forth in said certificate are not correctly stated therein, to wit: was born in Utah

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, he was born in Arizona & this is shown on other certificates.

(SEAL)

Affiant Maude Willis
Address 2435 N Wilson St Stockton Calif

Subscribed and sworn to before me this 6th day of September 1940

Arnold F. Cross
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Ada)

Pearl Cross of Boise, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Pearl Cross
Address Boise, Ida.

Subscribed and sworn to before me this 6th day of September 194

(Seal)

Arnold F. Cross
Notary Public

SEP 25 1940

128-201-042-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67937

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Anna Louise Ashton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 1 1919

FATHER		MOTHER	
FULL NAME	Robert Lee Ashton	FULL MAIDEN NAME	Nellie Woodhead
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... 5 ..... Number of children of this mother now living, including present birth ..... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) ....., at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Chas R. Scott

..... (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4-12-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-228-042-349

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 67938

Registered No. .....

FULL NAME OF CHILD Helen May Skinner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Skinner	FULL MAIDEN NAME	Emma Furbush
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 4-11-1919 W. F. Pike
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1945

213 - 213 - 042 - 698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67939

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 2285 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Elnora Baldwin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan 13 1919

FATHER		MOTHER	
FULL NAME	John W. Baldwin	FULL MAIDEN NAME	Amy Fry
RESIDENCE	Twin Falls -	RESIDENCE	Twin Falls -
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Arkansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) on the date above stated. at 3 45 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Scott

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4-11- 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1975

653-220-042-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

Registration District No. 37

File No. 67940

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Beatrice Josephine Welch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 20 1917

	FATHER	MOTHER
FULL NAME	Samuel J. Welch	FULL MAIDEN NAME: Mary Eaton
RESIDENCE	Filer - R.F.D.	Filer - R.F.D.
COLOR	white	white
AGE AT LAST BIRTHDAY	37 (Years)	28 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. K. Scott

(Physician or midwife)

Address Twin Falls, Ida.

Filed 4-16 1917 W. F. Price Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1965

459 - 119
013 - 386

[redacted] IDAHO

Form V. S. No. 11-C—25m-8-8-17

PLACE OF

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67941

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Philip Avery Dere

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan. 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip Dere	Nella Thompson
RESIDENCE	Fairfield	Fairfield
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	33 (Years)
BIRTHPLACE	Crested Butte, Colo	Indiana
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. Wilencheck

Phys. (Physician or midwife)

Address Fairfield Ida

Filed ..... 19.....

L Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

BIRTH

749-201-013-295

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 67942

Registered No. .....

FULL NAME OF CHILD ..... Rhoda Belle Purdy .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Feb 1st 1919

FATHER		MOTHER	
FULL NAME	Hassard Alexander Purdy	FULL MAIDEN NAME	Charlotte Anna Sielaff
RESIDENCE	Fairfield, Ida.	RESIDENCE	Fairfield, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	61	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Boise Ida
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5d Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. Wilencheck

Phys (Physician or midwife)

Address Fairfield, Ida

Filed Feb 19 19 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1945

245-202-035-286

PLACE OF BIRTH

Amended 2/20/74

[redacted] Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Naz. Perce.

City of Lewiston, Idaho

Registration District No. 96

File No. 67943

No. St.

Primary Registration District No. 1009

Registered No. 244

Hospital St. Josephs

FULL NAME OF CHILD Doris Dell Bundy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-2-1909

FATHER		MOTHER	
FULL NAME	William Bundy	FULL MAIDEN NAME	Dell Showalter
RESIDENCE	Sweetwater, Idaho	RESIDENCE	Sweetwater, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Lewiston, Idaho

Filed May 7 1909 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 19 11 47 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 67943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bundy (female) (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	UNNamed	Doris Dell Bundy
mother's first name	Dill	Dell

Subscribed and sworn to before me this 11 day of Feb 19 74

Letha Walters

Notary Public, residing at Lapwai Idaho

My commission expires Nov 11-1977

(Seal)

Signed Irene Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 275 Lapwai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Feb 19 74

Letha Walters

Notary Public, residing at Lapwai Ida.

My commission expires 11-02-1974

(Seal)

Signed Gordon G. Bundy
(Signature of Any Credible Person)

RR 1 Culdesac, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1/31/74 lcc pd.

Diploma from St. Joseph's Hospital school of Nursing, Lewiston, Idaho gives name as Doris Dell Bundy. dated Sept. 6, 1940. Viewed by V. S. FEB 20 1974

Insurance Application to the Mutual Life Ins. Co. of New York gives name as Doris D. Bundy. born Apr. 2, 1919. signed Dec. 6, 1940. Viewed by V. S.

Statement dated Aug. 5, 1966 from Anderson Insurance Agency, Inc. of Moscow, Idaho gives name as Doris Dell Bundy and gives her parents name as Dell Showalter and the father's name as William Henry Bundy. the mother died 1921 and the father died in 1957. signed by Iris I. Anderson. Viewed by V. S.

192-104-035-145

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 67944

Registered No. 245

FULL NAME OF CHILD Fredrick Charles Van Arsdol

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4 - 4 - 19

FATHER	MOTHER
FULL NAME: Fredrick Ward Van Arsdol	FULL MAIDEN NAME: Blanche Bessie Junkin
RESIDENCE: Clarkston, Wash	RESIDENCE: Clarkston, Wash
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Wash	BIRTHPLACE: Canada
OCCUPATION: Painter	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul D. Johnson

(Physician or ~~midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1919

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157 - 209-035-615

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67945

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 246

FULL NAME OF CHILD Esther Lois Angel

Sex of Child Fe Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4 - 9 - 19 9 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester F. Angel	FULL MAIDEN NAME	Goldie Fansler
RESIDENCE	Sweetwater, Idaho	RESIDENCE	Sweetwater, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed May 7 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

OCT 28

NOV 8 1948

897-105-032-363

PLACE OF BIRTH

County of Lemhi

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

67946

Registration District No. 16

File No. _____

Primary Registration District No. 2016

Registered No. 27

Full Name of Child Thomas James Higgins

SEX OF CHILD: Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Francis Higgins	FULL MAIDEN NAME	Mary Nyda Collins
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address _____

Filed May 6th 1919

J. L. Fuller
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ADING INK—THIS IS A PERMANENT RECORD

Form V.

JAN 15 1952

959-230-032-365

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67947

Registration District No. 16 File No. _____

Primary Registration District No. 2016 Registered No. 26

Full Name of Child Charlotte Wilma ~~Sorg~~ Ivie

SEX OF CHILD Female	Twin ~~Triplet or other?~~ and Number in order of birth 8 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH April (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John William Ivie	FULL MAIDEN NAME	Gladys Cannon
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn), at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed May 3 1919 [signature] Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 1 6 1976

959-130-032-365

PLACE OF BIRTH

County of Lemhi

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 67948

Registration District No. 16

Primary Registration District No. 2016

File No. _____

Registered No. 25

Full Name of Child Charles William Sire

SEX OF CHILD: Male	Twin / ~~Triplet~~ / ~~or other?~~ (To be answered only in event of plural births) and Number in order of birth: 9	Legitimate? Yes	DATE OF BIRTH: April (Month) 31 (Day) 1917 (Year)	

FATHER

FULL NAME: John William Sire

RESIDENCE: Shoshone

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gladys Lamm

RESIDENCE: Shoshone

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Washington

OCCUPATION: Cook

Number of child of this mother, including present birth: 9 Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ch (Born alive or stillborn), at 11:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 3 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

525-223-032-363

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital Dill's

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67949

Registration District No. 16

File No. _____

Primary Registration District No. 2016

Registered No. 24

Full Name of Child Edna Irene Ebert

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH April 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Ebert	FULL MAIDEN NAME	Sadie Cottle
RESIDENCE	Rockfield Ida	RESIDENCE	Rockfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 oz P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed April 28 1919 [signature]

Registrar

N. B. ... or more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...SERVED FOR BINDING

...TH UNFADING INK—THIS IS A PERMANENT RECORD

319 - 223 - 032 - 413

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67950

Registration District No. 16 File No. _____

Primary Registration District No. 2016 Registered No. 23

Full Name of Child Hazel Carter

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH April 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M. Carter	FULL MAIDEN NAME	Lena Mathis
RESIDENCE	Richfield, Ida.	RESIDENCE	Richfield, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 1:00 p. m., at _____ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Shoshone, Ida.

Registrar

Filed April 25 1919 J. L. Turner

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1967

JUN 16 1942

295-219-032-615

PLACE OF BIRTH

County of Lincoln

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 67951

Registration District No. 16

Primary Registration District No. 2016

File No.

Registered No. 22

Full Name of Child

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		Yes	4/19-1919

FATHER

FULL NAME: Pery King

RESIDENCE: Richfield

COLOR: W

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Va

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura Favers

RESIDENCE: Richfield

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 a. m. at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field

E. H. Field, M. D.

(Physician or midwife)

Address Shoshone, Idaho.

Given names added from a supplemental report.

.....19.....

Registrar

Filed April 19 1919 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Lincoln

F

Perry King

Richfield

30

M

Va
Farmer

4

4/19-191

Yes

Laura Favors

Richfield

23

M

Texas
Housewife

4

born alive at 5:00 a. m.

E. H. Field, M. D.

Shoshone, Idaho.

613-113-032-236

[redacted] BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67952

County of [redacted]oln

City of [redacted]one

No. ..... St.

Hospital .....

Registration District No. 16

Primary Registration District No. 1016

File No. .....

Registered No. 21

Full Name of Child Ralph Scott Waldo

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 4/13 (Month) 19 (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Frank E. Waldo	FULL MAIDEN NAME: Edith M. Scott
RESIDENCE: Shoshone, Idaho	RESIDENCE: Shoshone, Idaho
COLOR: W — AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Iowa
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 5 a m at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Shoshone, Idaho

Filed Apl 18 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

of

STATE OF
U OF VITA
TIFICATE O

353-215-032-717

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **67953**

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 20

Full Name of Child Rose Lecertua

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH April 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Miguel Lecertua	FULL MAIDEN NAME	Julia Pagoaga
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed April 17 1919 J. L. Fuller
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-222-032-619

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. _____ St.

Hospital _____

Amended 12/14/76

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 67954

Registration District No. 16

Primary Registration District No. 2016

File No. _____

Registered No. 18

Full Name of Child Freida Ellen Tabor

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Mar 22 19 17

FATHER

FULL NAME: Elmer J. Tabor

RESIDENCE: Richfield Ida

COLOR: W AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ethel Warrington

RESIDENCE: Richfield Ida

COLOR: W AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 5 at a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Field, M. D.

(Physician or midwife)

Address Shoshone Ida

Filed April 10 1917

J. L. Fuller
Registrar

Given names added from a supplemental report.

_____ 19____

_____
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1967
AUG 31 1967
MAR 8 1978

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 4 4 07 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 67954

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Freda Ella Tabor (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1919 (Date of Event)
in Richfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s name	Freda Ella Tabor	Freida Ellen Tabor

Subscribed and sworn to before me this 2nd day of November, 1976

Notary Public, residing at Preston, Idaho

My commission expires 12-20-77

(Seal)

Signed Ethel M. Tabor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 3/5/76

Transcript from Idaho State University gives name as Freida Ellen Tabor Simmons date of birth Mar 22, 1919 at Richfield, Idaho. father's name a Elmer J. Tabor and mother's name as Ethel Warrington Tabor. viewed by V S

DEC 14 1976

State of Idaho Teacher's Annual Contract, School Dist. No. 25, Bannock, County, datd May 29, 1967 gives name as Freida E. Simmons. Viewed by V. S.

Idaho State University grade report gives nameas Freida Ellen Simmons. dated Jan 1965- 1966. I. S. U. # 1385953. viewed by V. S.

138-104-032-493

PLACE OF BIRTH

County of Lincoln

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 67955

Registration District No. 16 File No.

Primary Registration District No. 2016 Registered No. 19

Full Name of Child James Boyd Atheson

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		Yes	Apr 4 19 19

FATHER

FULL NAME: Arthur Lee Atheson

RESIDENCE: Richfield, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Mo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Gertrude Zella Bitty

RESIDENCE: Richfield, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Mo

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field M.D.

(Physician or midwife)

Address Shoshone, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed April 10 1919 J L Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF 19-341069

462 - 214 - 020 - 965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No.

CERTIFICATE OF BIRTH

Registration District No. 35

Primary Registration District No. 2021

File No. 679

Registered No. .....

FULL NAME OF CHILD Flora Dobann

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	yes	March 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jose Dobann	FULL MAIDEN NAME	Francesca Lavando
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Ranchhand	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. March 9 1919 at 9 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1st 1919

J. W. Davis Registrar

APR 2 2 1943

DEC 10 1942

JAN 30 1984

866-109-020-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67957

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Joe Hoffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	5	yes	March 9th (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Walton Hoffman	FULL MAIDEN NAME	Louise McCabe
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... March 9th 1919, at 5:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1919 J. W. Doris
Registrar

866-109-020-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67958

Registration District No. 35

Primary Registration District No. 2021

File No. .....

Registered No. .....

FULL NAME OF CHILD Jack Hoffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	4	yes	March 9 1919

FATHER		MOTHER	
FULL NAME	Leonard Walton Hoffman	FULL MAIDEN NAME	Louise McCabe
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was March 9 1919, at 5 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Filed May 1 1919 J. W. Davis M. D. Registrar

213-223-020-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Kuig Hill

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **67959**

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Margaret LaVern Ballou

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	yes	March 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Clinton Ballou	Mollie Burnt
RESIDENCE	Kuig Hill Idaho	Kuig Hill Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	28 (Years)
BIRTHPLACE	America	America
OCCUPATION	Section Foreman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... March 23 1919 1:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Dorris M. D.

Physician

(Physician or midwife)

Address Elmore Kuig Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 24 19 J. W. Dorris M. D.

Registrar

APR 21 1967

249-211-020-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35

Primary Registration District No. 2021

File No. 67960

Registered No. .....

FULL NAME OF CHILD Leona Gertrude Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	yes	March 11th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jay Smith	Inma Burt
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	18	18
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... March 11th 1919, at 5:45 P. M. on the date above stated.

(Born alive) (Stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed March 28 1919 J. W. Davis

Registrar

K

619-222-020-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 35

Primary Registration District No. 2021

File No. 67961

Registered No. .....

FULL NAME OF CHILD Beatis Helma Waring

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	4	yes	April 22nd 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert H Waring	FULL MAIDEN NAME	Laura Thornton
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April 22 1919 at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed April 28 1919 J. W. Davis
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1952

893-227-020-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67962

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

Registration District No. 35 ..... File No. .....

Primary Registration District No. 2021 ..... Registered No. .....

FULL NAME OF CHILD Bernice Ludelle Hicks

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	yes	April 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orla H. Hicks	FULL MAIDEN NAME	Lily E. Hiller
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... April 27 1919 at 5-15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Glenns Ferry Idaho

Filed April 30 1919

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-128-020-113

PLACE OF BIRTH

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

67963

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Richard Lee Turner

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2nd	yes	April 28 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Albert Clarence Turner	FULL MAIDEN NAME Emma Jacobson
RESIDENCE King Hill	RESIDENCE King Hill
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Omaha Nebr.	BIRTHPLACE Omaha Nebr.
OCCUPATION Restaurant Keeper	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... April-28-1919 (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Filed April 30 1919 J. W. Davis

Registrar

FEB 24 1970

APR 3 1952

MAY 20 1952

931-209-020-162

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67964

County of Elmore

City of Glenn's Ferry. Registration District No. 35 File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Hazel James McAnulty

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single and 1	3	yes	April 9 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee M. McAnulty	FULL MAIDEN NAME	Elvarma Joslyn
RESIDENCE	Glenn's Ferry, Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Burdette, Kansas	BIRTHPLACE	Tacoma, Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. April 9 1919 at 7:30 A. M.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Filed May 1 1919 J. W. Davis Registrar

819 - 122 - 028 - 381

Form V. S. No. 11-C—Rev. 9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 67965

No. ..... St. Primary Registration District No. 1250 Registered No. 49

Hospital .....

FULL NAME OF CHILD Archie Arthur Horrocks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	one	yes	Apr 22 1919

FATHER	MOTHER
FULL NAME Samuel N. Horrocks	FULL MAIDEN NAME Mable Luella Chapman
RESIDENCE Coeur d alene	RESIDENCE Coeur d Alene Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION Mill Man	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 7 1919 Geo Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-127028-384

PLACE OF BIRTH AMENDED MARCH 15,1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of KOOTENAI

City of COEUR D'ALENE

No. ____ St.

Registration District No. 29 File No. 67966

Hospital ____ Primary Registration District No. 1050 Registered No. 48

FULL NAME OF CHILD ROBERT JAMES BRUNELLE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	APRIL 27 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: LEO BRUNELLE	FULL MAIDEN NAME: DELENA TRUDEAN
RESIDENCE: COEUR D'ALENE, IDAHO	RESIDENCE: COEUR D'ALENE, IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: MICHIGAN	BIRTHPLACE: MICHIGAN
OCCUPATION: MILL MAN	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) W. H. HOLDEN

PHYSICIAN
(Physician or midwife)

Address COEUR D'ALENE, IDAHO

Filed May 29 1919 Gus Nelsen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 67966

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert James Burnell (Name on Original Certificate) who was born (Was Born or Died) on April 27, 1919 (Date of Event)
in Coeur d'Alene, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certificate Oct 1, 1940 prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, etc.)
Child's Birth Certificate #312595 viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Burnell	~~Burnelle~~ Brunelle

Subscribed and sworn to before me this 22nd day of Feb., 19 57

Myron M. Johnson
Notary Public, residing at Coeur d Alene
My commission expires 11/26/58
(Seal)

Signed Mrs Leo Brunelle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1219 Penn. Ave C, D, A. Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of Feb., 19 57

Myron M. Johnson
Notary Public, residing at Coeur d Alene
My commission expires 11/26/58
(Seal)

Signed Leo Brunelle
(Signature of Any Credible Person)
1219 Penn. ave C.D.A. Ida.
(Street Address, City, State)

FORM DPH 55. 155

916-115-028-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67967

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 46

Hospital

FULL NAME OF CHILD William Patrick Dawson

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3	Yes	June 15 1919

	FATHER	MOTHER
FULL NAME	Richard Dawson	FULL MAIDEN NAME Grace Brennand
RESIDENCE	Coeur d'Alene Ida	RESIDENCE Coeur d'Alene Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 27.
BIRTHPLACE	Missouri	BIRTHPLACE Ohio
OCCUPATION	Sawfiler	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

(Signature) John F. Woods M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed May 3 1919 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-231-028-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67968

County of [redacted] Kootenai

City of Coeur d'Alene Ida

Registration District No. 29 File No.

No. 739-2nd St. St.

Primary Registration District No. 1050 Registered No. 47

Hospital Phillis

FULL NAME OF CHILD [redacted] Maude Romance

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	/	6	Yes.	Mar. 31 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mr. Wm Romance	FULL MAIDEN NAME	Maude Ward.
RESIDENCE	739-2nd St Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Colfax — Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:[illegible] P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Wood M.D.

(Physician or midwife)

Address 1016 Sherman Ave City

Filed May 9 1919 Geo Nelson Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

366-104-028-655

PLACE OF BIRTH

State of Idaho

County of Kootenai

City of Coeur d'Alene

No. 621 Indiana St.

Hospital at home

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 67969

Primary Registration District No. _____ Registered No. 45

FULL NAME OF CHILD Robert Harry Conrad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 4 1919

FATHER	MOTHER
FULL NAME Gustav Fowler Conrad	FULL MAIDEN NAME Ora Pow Sinkey
RESIDENCE Wallace Idaho	RESIDENCE Coeur d'Alene Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oakesdale Wash	BIRTHPLACE Minneiska Minn
OCCUPATION Plant accountant & Musician	OCCUPATION Stenographer

Number of child of this mother, including present birth One

Number of children of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. May 4 19 19 at 4 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bradley

(Physician or midwife)

Address Coeur d'Alene Idaho.

Given names added from a supplemental report.

..... 19.....

Filed May 5 1919 Gus Nelson

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1976

MAY 21 [illegible]

Cassidy & Nelson

City

599-209-028-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67970

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 29

File No.

No. 1115 Lakeside Ave.

Primary Registration District No. 1050

Registered No. 43

Hospital

FULL NAME OF CHILD Henrietta Erickson.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	other	2	Yes	Apr. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin O. Erickson	FULL MAIDEN NAME	Nettie Knutson
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Lobner St Joe Boom Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur D'Alene Ida

Filed May 3 1919 Gus Nelson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

242-219-028-496

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67971

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 24 File No.

No. St.

Primary Registration District No. 1030 Registered, No. 44

Hospital

FULL NAME OF CHILD Bernice Clementine Kirkpatrick

Sex of Child Female | Twin, triplet or other? No | and Number in order of birth 1 | (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth April 19 1919
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Wm. L. Kirkpatrick	FULL MAIDEN NAME Minnie Drome
RESIDENCE Coeur d'Alene Ida	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ontario Canada	BIRTHPLACE Wisconsin
OCCUPATION Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

(Signature) John D. Wood M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed May 3 1919 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

253-108-028-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

67972

County of Kootenai

City of Coeur d'Alene

No. 1094 - 7th St.

Registration District No. 29

File No.

Primary Registration District No. 1050

Registered No. 41

Hospital

FULL NAME OF CHILD John Robert Kelly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Kelly	FULL MAIDEN NAME	Jeannette Fortin
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Britt Iowa	BIRTHPLACE	Oscoda Mich.
OCCUPATION	Farmer now in Army (France)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur d'Alene Idaho

Filed Apr 26 1919 Gus Nelson Registrar

Fill out blank in full and mail to
August Nelson, City.

753-121-028-796

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 29 File No. 67973

No. 708 — 4th St. Primary Registration District No. 1050 Registered No. 40

Hospital C. d'A. Hosp.

FULL NAME OF CHILD Robert Peck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 / 21, 1919

FATHER	MOTHER
FULL NAME Edward J. Peck	FULL MAIDEN NAME Ellen Groover
RESIDENCE 708 4th St Coeur D'Alene	RESIDENCE Coeur D'Alene Ida
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Greeley, Colorado	COLOR White
OCCUPATION Captain and Quartermaster	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE Coeur d'Alene, Idaho,
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm. A. Barclay.

Physician (Physician or midwife)

Address Coeur D'Alene Ida

Filed Apr 7-6 1919 Geo F Nelson Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-218-028-5-69

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 1101 - 7th St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 29

File No. 67974

Primary Registration District No. 1050

Registered No. 39

Hospital

FULL NAME OF CHILD Gertrude May Mangold

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 15 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Austin Arthur Mangold	FULL MAIDEN NAME Nellie May Norton
RESIDENCE Coeur D Alene Idaho - 1101 - 7th St.	RESIDENCE Coeur D Alene Idaho - 1101 - 7th St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Moline Illinois	BIRTHPLACE Coeur D Alene Idaho
OCCUPATION Telephone Lineman	OCCUPATION Housewife

Number of child of this mother, including present birth One (1)

Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 40 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jno Bunday

Physician (Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

..... 19.....

Filed Apr. 21 1919 Guss Nelson Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

36-7-204-028-132

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—Rev. 1911

CERTIFICATE OF BIRTH

67975

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No.

No. St. Primary Registration District No. 1057 Registered No. 42

Hospital

FULL NAME OF CHILD Flora May Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		one	yes	April 4 1919

FATHER	MOTHER
FULL NAME: Alva Francis Cox	FULL MAIDEN NAME: Goldie Anna Asbury
RESIDENCE: Coeur d Alene Ida.	RESIDENCE: Coeur d Alene Ida
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Missouri
OCCUPATION: Rancher	OCCUPATION: Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hoedemaker

(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed May 2 1919 Geo. Nelson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1967

863-214-016-314

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 117 File No. 67977

Primary Registration District No. 2196 Registered No. 1196

FULL NAME OF CHILD Jessop Leroy Holmes

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb. 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Magnus LeRoy Holmes	FULL MAIDEN NAME	Arletta Aloira Campbell
RESIDENCE	Burley - Idaho	RESIDENCE	Burley - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Newton, Utah	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Id.

Registrar

Filed April 9 1919 T. H. Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/22/41. w.h.

JUL 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-217-016-45-1

PLACE OF BIRTH

name added 2/6/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

67978

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1197

FULL NAME OF CHILD Freda May Gibson

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Feb 17 (Month) (Day) 19 (Year)

FATHER

FULL NAME: W. H. Gibson

RESIDENCE: Burley - Idaho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ogden, Utah.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elmina Meacham

RESIDENCE: Burley - Idaho

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Henryville Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5 Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Storey, M. D. P. A.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 19 17

F. H. Custer Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 4 45 PM '80

State of _____ } ss.
County of _____

Certificate No. 67978
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Gibson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 17, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	~~omitted~~	~~Freda May Gibson~~

Subscribed and sworn to before me this 12th day of February, 1980.

Notary Public, Eleanor Pitts

Residing at Salt Lake

My commission expires Aug 7, 1983

(Seal)

X Freda Horne
Freda Horne Signature of Applicant

2806 4th Ave. Salt Lake City, Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correstion corresp. 1-30-80 (G)

1 cp pd rec #9827

Certificate of birth issued by the L.D.S.Church gives names as Freda May Gibson born Feb. 17, 1919, in Cassia County, Idaho. Recorded in Burley Stake, Pella Ward, Record of Births and Blessings 1919 Page 38. Entered on record May 4, 1919
Viewed by V.S.

FEB 6 1980
OCT 9 1980

Certificate of Baptism and Confirmation gives name as Freda May Gibosn daughter of William H. Gibson and M. Elmina Meacham born March 6, 1927 in Burley, Idaho, Cassia County, Baptized March 6, 1927, in L.D.S.Church.
Viewed by V.S.

163-123-016-381

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 117

File No. 67979

Primary Registration District No. 2196

Registered No. 1198

FULL NAME OF CHILD No name

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 23 191 9

FATHER	MOTHER
FULL NAME M. M. Folly	FULL MAIDEN NAME Emma S Thaxton
RESIDENCE Burley - Idaho	RESIDENCE Burley - Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Harrisberg Utah	BIRTHPLACE Juneshery Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12:10 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D. R.F.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed April 9 19 19

F. V. Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249 - 221-016-813

~~PLACE~~ OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67980

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1199

FULL NAME OF CHILD ~~No Name~~ LOIS BELL SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 21 1919

FATHER		MOTHER	
FULL NAME	Sherwood Walter Smith	FULL MAIDEN NAME	Lonella Pearl Hale
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Murphsborough Tenn.	BIRTHPLACE	Murphsborough Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.
P.T.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida.

Filed April 9 1919 F H Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 67980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Lois Bell Smith who was born on 21st of February, 1919
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Bell Smith

Subscribed and sworn to before me this 17th day of September, 19 42
(MARJORIE WEDDLE) Marjorie Weddle
Notary Public, residing at Lubbock, Texas
My commission expires June 1, 1943
(Seal)

Signed S. W. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lubbock Texas R. 4, F.F.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas }
County of Lubbock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of September, 19 42
(MARJORIE WEDDLE) Marjorie Weddle
Notary Public residing at 1602 Ave. Q. City of Lubbock, Lubbock County Texas
My commission expires June 1, 1943
(Seal)

Signed Emogene Berry
(Signature of Any Credible Person Other Than Previous Year)
1602 Avenue Q, Lubbock, Texas
(Street Address, City, State)

FEB 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-126-016-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67981

County of Cassia

City of Burley

No. ..... St.

Registration District No. 147 File No. .....

Primary Registration District No. 2196 Registered No. 1200

Hospital .....

FULL NAME OF CHILD ~~No Name~~ Ray Foster Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb. 26 1917

FATHER	MOTHER
FULL NAME Ed. M. Anderson	FULL MAIDEN NAME Laura Thornton
RESIDENCE Burley Ida. R. R.	RESIDENCE Burley - Idaho R. R.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Pleasant Grove. Utah	BIRTHPLACE American Fork - Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D
R. 7.
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed April 9 1917 F. H. Cutler
Registrar

266-20[redacted]
016-2[redacted]

[redacted]orm V. S. No. 11-C—25m-9-8-17

BUREA[redacted]CS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 119

Primary Registration District No. 2196

File No. 67982

Registered No. 1201

FULL NAME OF CHILD Jane Bowling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest L. Bowling	FULL MAIDEN NAME	Clara Francis Story
RESIDENCE	Burley - Idaho	RESIDENCE	Burley - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Middleberg Kentuckey	BIRTHPLACE	Albion - Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Idaho

Filed April 9 1919 F. H. Cutter

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-113-016-35-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67983

Registration District No. 117 File No. .....

Primary Registration District No. 296 Registered No. 1203

FULL NAME OF CHILD no name Robert Max Bronson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 13 1917

FATHER		MOTHER	
FULL NAME	Jas. Bronson	FULL MAIDEN NAME	Camila Lewis
RESIDENCE	Burley - Idaho	RESIDENCE	Burley - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Willard - Utah	BIRTHPLACE	Albion - Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 1917 F. H. Cutler Registrar

3/13/41 L. B.

JUL 05 1990

434-218-016-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 67984

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 120

FULL NAME OF CHILD Maxine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	March 18 1919

FATHER

FULL NAME: Paul McDonald

RESIDENCE: Said to be in France

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Don't Know

OCCUPATION: Soldier

MOTHER

FULL MAIDEN NAME: Sarah Fairchild

RESIDENCE: Burley Idaho

COLOR: White AGE AT LAST BIRTHDAY: 16 (Years)

BIRTHPLACE: Basin, Idaho

OCCUPATION: ~~Housewife~~ none

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D
P. T.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 1919 F. H. Cutler Registrar

NOV 13

319-112-016-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 67985

Primary Registration District No. 2196 Registered No. 1205

FULL NAME OF CHILD Carter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	March 12 1919

FATHER

FULL NAME L. T. Carter

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amelia Webb

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION —

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 1919 F. H. Carter Registrar

418 - 212 - 016 - 366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

Registration District No. 117

Primary Registration District No. 2196

67986
File No. .....

Registered No. 1206

FULL NAME OF CHILD ..... MARJORIE ERMA Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mch 12 1917

FATHER		MOTHER	
FULL NAME	C. C. Dayley	FULL MAIDEN NAME	Myrtle Cook
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.45a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 7 19 17 F. H. Cutler Registrar

DEC 4 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia

Certificate No. 67986

Date Filed

RECEIVED BUREAU OF VITAL STATISTICS DEC 20 11 08 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dayley, female) (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marjorie ERMA Dayley

Subscribed and sworn to before me this 6th day of December, 19 73

Bonnie S. Adams

Notary Public, residing at Pocatello Idaho

My commission expires February 29, 1976

(Seal)

Signed Myrtle P Dayley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1357 Lakeview Drive Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 19 73

Bonnie S. Adams

Notary Public, residing at Pocatello Idaho

My commission expires February 29, 1976

(Seal)

Signed Thomas Allen
(Signature of Any Credible Person)

147 W. Chubbuck Road
(Street Address, City, State)
Pocatello, Idaho

FORM DH 60-155 CL 12/3/73

DEC 28 1973

Own childs birth certificate on file with Bureau of Vital Statistics, Idaho gives name of mother as Marjorie Erma Dayley. Child born March 1, 1949. Certificate # 49-2531.
Viewed by V.S.

Family Record gives name as Marjorie Erma Dayley born March 12, 1919 to C. C. Dayley and Myrtle Cook. Record obviously old.
Viewed by V.S.

255-212-016-55-3

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

67987

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1267

FULL NAME OF CHILD Edwina Anne Bentler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	March 12 1919

FATHER

FULL NAME Ben L. Bentler

RESIDENCE Burley, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lillian Nelson

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION —

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-113-016-709

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. ... 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

67988

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1208

FULL NAME OF CHILD Gordon Lambert Wood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 13 1917

FATHER

FULL NAME J. E. Wood

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Washington

OCCUPATION Freight Agent

MOTHER

FULL MAIDEN NAME Beatrice Garringe

RESIDENCE Burley, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION —

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed April 9 1917

F. H. Cutler

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Cassia)

Certificate No. 67988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Gordon Lambert Wood (Name on original certificate) who Was born (was born or died) on March 13, 1919 (Date of event) in Burley, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Church and Family record (Bible record, insurance plcy.etc.) prepared on May 4, 1919 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Gordon Lambert Wood

Subscribed and sworn to before me this 6 day of September 1941.

Signed Jesse E. Wood, parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mark W. Crouch
Notary Public
Residing at Burley, Idaho

210 East Main Burley Ida
(Street address, City, State)

My commission expires May 25, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Cassia)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Sept. 1941

Signed Beatrice Jorgensen Wood Mother
(Signature of any credible person other than the previous affiant.)

Mark W. Crouch
Notary Public
Residing at Burley, Ida.

252 N Elba Burley Ida
(Street address, City, State)

My commission expires May 25, 1945
(SEAL)

APR 4 1963

FEB 4 1942

963 - 208
016 - 345

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-5-17

CERTIFICATE OF BIRTH

67989

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1209

FULL NAME OF CHILD Nona Rolle.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	March 8th 1917.

FATHER

FULL NAME Harry E. Rolle

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE England

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Jane W. Cunningham

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION —

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Filed April 9 19 17 F. H. Gardner Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1962

797-213-016-618

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 67991

Primary Registration District No. 2196 Registered No. 12 11

FULL NAME OF CHILD Harriet Pixton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 13 1919

FATHER

FULL NAME J. C. Pixton

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Confectioner

MOTHER

FULL MAIDEN NAME Diane Wardell

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. .....19.....

..... Registrar

Filed April 4 19 19 F. H. Cutler Registrar

AUG 2 2 1944

DECEASED

163-201-016-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2696

File No. 67992

Registered No. 1212

FULL NAME OF CHILD ..... Joll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 1st 1919

FATHER

FULL NAME: J. E. Joll.

RESIDENCE: Burley, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alberta Blake

RESIDENCE: Burley, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Colo.

OCCUPATION:

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 9 1919

F. H. Cutler Registrar

719-231-016-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cussia

City of Declo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 67993

Primary Registration District No. 2196 Registered No. 1219

FULL NAME OF CHILD Ruby Parke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anson Parke	FULL MAIDEN NAME	Julia Harris
RESIDENCE	Declo, Idaho	RESIDENCE	Declo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Idaho

Filed April 9 1919 T. H. Cutler

Registrar

Registrar

MAR 22 1944

313-210-016-713

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-3-17

Registration District No. 117

File No. 67994

Primary Registration District No. 2196

Registered No. 1214

FULL NAME OF CHILD ..... Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr. 10th 1919

FATHER		MOTHER	
FULL NAME	J. S. Talbot	FULL MAIDEN NAME	Rachel Palmer
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. m. on the date above stated.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Filed Apr. 13 1919 F. H. Carter Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

384-209-016-585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117

File No. 67995

Primary Registration District No. 2196

Registered No. 1215

FULL NAME OF CHILD Church

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. R. Church	FULL MAIDEN NAME	Mary C. Nielson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Idaho

Filed Apr. 13 1919 F. H. Custer Registrar

Registrar

168-127-016-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-9-17

CERTIFICATE OF BIRTH

67996

Registration District No. 162 File No. .....

Primary Registration District No. 2176 Registered No. 1216

FULL NAME OF CHILD Clifton Dean Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 27 1917

FATHER

FULL NAME Ralph W. Johnston

RESIDENCE California

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Oklahoma

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Velma Rudd

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 12 1917 F. H. Coulter

Registrar

1942

dup of 1919-51237

619-105-016-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Bunley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 17

Primary Registration District No. 2196

67997

File No. .....

Registered No. 1217

FULL NAME OF CHILD. Ralph W. Fairchild

Sex of Child: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes.

Date of Birth: April 5th (Month) (Day) 1919 (Year)

FATHER

FULL NAME: T. J. Fairchild

RESIDENCE: Bunley, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Utah

OCCUPATION: Pool Hall Proprietor

MOTHER

FULL MAIDEN NAME: Amelia [illegible]land

RESIDENCE: Bunley, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4.9 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Bunley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 18 1919

F. H. Coulter Registrar

AUG

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. AUG 28 1941 Certificate No. 67997
County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unknown (unnamed) who born on April 5, 1919
(Name on original certificate) (Was born or died) (Date of event)
in Burley (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name is: Ralph W. Fairchild	unnamed	Ralph W. Fairchild

Subscribed and sworn to before me this 27
day of August, 1941
Henry W. Fischer
Notary Public, residing at Burley, Id.
My commission expires June 1, 1942
[SEAL]

Signed Amelia Sunderland Fairchild
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Burley Idaho (mother)
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar)

219-201-016-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

67998

Registration District No. 117 File No. .....

Primary Registration District No. 216 Registered No. 1218

FULL NAME OF CHILD Arlene Dallas Barstow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr. 1st 19 9

FATHER

FULL NAME C. L. Barstow

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Kansas

OCCUPATION Telegraph-Operator

MOTHER

FULL MAIDEN NAME Lilla Rice

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 6:20a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson M.D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr. 13 19 19 F. H. Gentles Registrar

MAR 2 5 1974

363 - 105 - 016

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

67999

Registration District No. 119

File No. 6

Primary Registration District No. 2196

Registered No. 129

FULL NAME OF CHILD Leo Ronald Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Apr. 9 1919

FATHER

FULL NAME C. O. Tolman

RESIDENCE Burley, Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Hunt

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho.

OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho.

Filed Apr. 13 19 19 F. Hamilton Registrar

719-105-016-713

PLACE OF BIRTH Amended 2/13/79

[redacted] OF IDAHO
[redacted]TAL STATISTICS
[redacted]E OF BIRTH

Form V. S. No. 11-G—[illegible]

68000

County of ~~Burley~~ Cassia

City of ~~Cassia~~ Burley

Registration District No. 17

File No.

No. St.

Primary Registration District No. 2196

Registered No. 1220

Hospital

FULL NAME OF CHILD Joseph Ray Garrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Burgess Garrett	FULL MAIDEN NAME	Barbara Mary Patterson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife ~~Domestic~~

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born April 5-19 at 9:25 A.M. on the date above stated.
(Born alive or [illegible])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Tolman

Mid-wife
(Physician or midwife)

Given names added from a supplemental report.

19

Address 1056 Harvard ave Salt Lake City

Registrar

Filed Apr 13 1919 F H Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE C
BUREAU OF MI
CONFIDENTIAL

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 3 9 03 AM '79

State of [illegible] } ss.
County of [illegible]

Certificate No. 68000
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Garrett (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 5, 1919 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Joseph Ray Garrett

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible].

Notary Public, [illegible]
Residing at [illegible]
My commission expires [illegible]
(Seal)

Joseph Ray Garrett
Signature of Applicant
1391 E 21st So SLC Utah
Street Address, City, State
84105

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Dora G Richins
Supporting Signature
241 No Vine SLC Utah
Street Address, City, State
84103

Certif of Membership to the LDS Church gives name as Joseph Ray Garrett born April 5, 1919 at Viewe, Idaho Blessed June 1 1919. viewed by V. S.

FEB 13 1979

Application to an Insurance co gives name as Joseph Ray Garrett born April 5, 1919. dated Oct 4, ~~19~~ 1937. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

[illegible]

[illegible]ty of [illegible]rley

No. 523-108-016-495 St.

Registration District No. 117

File No.

Primary Registration District No. 2196

Registered No. 1221

Hospital

FULL NAME OF CHILD Stanley Paul Ehler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		1		March 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Simon P. Ehler	FULL MAIDEN NAME	Ada A. Diehl
RESIDENCE	Burley Idaho	RESIDENCE	Same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Farm	OCCUPATION	Hswfe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 99 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Idaho

Registrar

Filed Apr. 13 1919

F. H. Cutler

Registrar

STATE OF CALIFORNIA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of .....

JUL 28 19b1

333-707-016-693

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68002

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1229

FULL NAME OF CHILD Harley Dent Collins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	March 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harley D. Collins	FULL MAIDEN NAME	Cassie Williams
RESIDENCE	Burley R F D 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farm	OCCUPATION	Hsw f

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed April 13 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392 - 111 - 016 - 315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68003

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1223

FULL NAME OF CHILD Baby Lish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	1	yes	Feb. 11 19

FATHER		MOTHER	
FULL NAME	Lorenzo Lish	FULL MAIDEN NAME	Bessie M. Lang
RESIDENCE	Burley	RESIDENCE	same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Waitress

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 13 1917

F. H. Cutler

Registrar

867-125-016-434

PLACE OF BIRTH

No. 11-C—25m-9-8-17

County of Cassia

City of Burley

Registration District No. 117

File No. 004

No. ..... St.

Primary Registration District No. 2196

Registered No. 1224

Hospital .....

FULL NAME OF CHILD Arthur McMurrin Hopkin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		1	Yes	Feb. 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur B. Hopkin	FULL MAIDEN NAME	Vera McMurrin
RESIDENCE	Burley R7D	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Housefe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed Ap. 13 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

681

MAY 31 1957

666-121-016-462

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

68005

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1225

FULL NAME OF CHILD Orville Quentin Woods

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	Feb 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Woods	FULL MAIDEN NAME	Ethel Dobbs
RESIDENCE	Burley RFD	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Farm	OCCUPATION	Hsw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Apr 12 1919 F H Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 29, 1941. E.H.

759-212-035-351

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68006

County of Naz. Perce

City of Lewiston, Idaho

No. ..... St.

Hospital .....

Registration District No. 76 File No. .....

Primary Registration District No. 1009 Registered No. 247

FULL NAME OF CHILD Dorothy Jean Perkins,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4- 12- 19

FATHER	MOTHER
FULL NAME: Paul Edison Perkins	FULL MAIDEN NAME: Jean Alan Craig
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul E. Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Registrar

Filed May 7 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1969

MAY

962 - 2[illegible]
055 - 66[illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68007

County of Nez Perse

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 248

Hospital Yes

FULL NAME OF CHILD Edith Fay Robins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Apr 13th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E Robins	FULL MAIDEN NAME	Ruby Foryce
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Lewiston Ida
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Pourse MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed May 7 1919 Susan E Bruce
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-224-035-563

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Naz Parce.

City of Lewiston,

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 68008

Registered No. 249

FULL NAME OF CHILD Clarissa Waterman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 - 24 - 19

FATHER	MOTHER
FULL NAME: Walter Waterman	FULL MAIDEN NAME: Clara Roth
RESIDENCE: Clarkston, Wash.	RESIDENCE: Clarkston, Wash
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn
OCCUPATION: Bank Cashier	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul L. Johnson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1919 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

713 - 225-035-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Tammany

No. ..... St.

Hospital .....

Registration District No. 9.5

Primary Registration District No. 1009

68009

File No. .....

Registered No. 250

FULL NAME OF CHILD Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 - 25 - 19

FATHER	MOTHER
FULL NAME: Fred Palmer	FULL MAIDEN NAME: Lela Holland
RESIDENCE: Tammany, ~~Lewiston, Idaho~~	RESIDENCE: Tammany, ~~Lewiston, Idaho~~
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Texas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 6. A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Allen

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 7 1919

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-128-025-523

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of NezPerce
City of Lewiston
No. 535 Snake River Ave.

Aug. 20, 1946
Registration District No. 96
File No. 68010

Hospital At Home
Primary Registration District No. 1009
Registered No. 251

FULL NAME OF CHILD Clarence Silvies Myers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	Yes	April 28 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4
Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George J. Myers	FULL MAIDEN NAME	Goldie Eslich
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Keller, D.O.
(Physician or midwife)

Address Lewiston, Ida.

Filed May 7, 1919 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1945

AUG 21 1946

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 68010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clarence Meyers (Name on Original Certificate) who born (Was Born or Died) on April 28, 1919 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clarence Meyers	Clarence Silvies Myers
Surname	Meyers	Myers

Subscribed and sworn to before me this 10th day of August, 1946

A. A. Armfield

Notary Public, residing at Portland, Ore.

My commission expires Aug. 17, 1947

(Seal)

Signed George J. Myers

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3814 S. E. 26th Ave. Portland 2, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 1946

A. A. Armfield

Notary Public, residing at Portland, Oregon

My commission expires August 17, 1947

(Seal)

Signed Archie E. Erlick

(Signature of Any Credible Person)

524 N. Ainsworth, Portland 11, Oregon

(Street Address, City, State)

AUG 21 1946

Amended 8-16-57

PLACE OF BIRTH

313-22-7035-396

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. 68011

Primary Registration District No. 1009 Registered No. 252

FULL NAME OF CHILD Sarah Gene Talbot
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	April 27, 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Stanley Talbot	FULL MAIDEN NAME	Edna Crow
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	U. S.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Shaff

(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed May 7, 1919 Susan E. Bruce

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 28 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68011

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Jean Talbot (Name on Original Certificate) who was born (Was Born or Died) on Apr. 27, 1919 (Date of Event) in Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Lewiston State Normal prepared on Nov. 27, 1929, Spokane Public Schools (Bible Record, Insurance Policy, Etc.) 5 June 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Jean Talbot viewed by v.s.	Sarah Gene Talbott

Subscribed and sworn to before me this 25th day of June, 1957

Kennetta Pace
Notary Public, residing at Portland, Oregon
My commission expires
(Seal) My Commission Expires August 29, 1960

Signed O. Stanley Talbott (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E. 1214-14th Ave. Spokane 35, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1957

Kennetta Pace
Notary Public, residing at Portland, Oregon
My commission expires
(Seal) My Commission Expires August 29, 1960

Signed Mrs Eadie C Talbott (mother)
(Signature of Any Credible Person)
E 1214 14th ave Spokane 35, Wash
(Street Address, City, State)

FORM DPH 55. 155

s co 2 copies pd.

387-129-7035-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 68012

Primary Registration District No. 1009 Registered No. 253

FULL NAME OF CHILD James A. Tribitt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes.	4 29 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W A Tribitt	Elizabeth Roberts
RESIDENCE	Lewiston Ida	Lewiston Id
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	27
BIRTHPLACE	Minnesota	Scotland
OCCUPATION	Switchman	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 A. m. on the date above stated.

(Born alive or stillborn)

(Signature) Edgar L White MD

(Physician or midwife)

Address Lewiston

Filed May 7 1919 Susan E Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

239-129-035-453

Form V. S. No. 11-C—25m

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

z Perse

City of Lewiston

Registration District No. 96

File No. 68013

No. 326-Prospect Ave

Primary Registration District No. 1009

Registered No. 254

Hospital No

FULL NAME OF CHILD Merrill F. Slind

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mch 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George K Slind	FULL MAIDEN NAME	Ruth A Buckley
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Windom Minn	BIRTHPLACE	Carleton Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4-a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Source M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Registrar

Filed May 7 1919 Susan E Bruce

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 2 7 1995

4/10/41 L. B.

4/29/41. w.h.

466-130-035-85-7

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Naz. Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 68014

Registered No. 2537

FULL NAME OF CHILD John Stephen Moore

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4- 30- 1909

FATHER	MOTHER
FULL NAME: John Shields Moore	FULL MAIDEN NAME: Julia M. Hepton
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wash
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paulus Johnson (Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report. ..... 19.....

Registrar

Filed May 7 1909

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-19-1904 D.P.

344-208
016 735

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

68015

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1226

FULL NAME OF CHILD Althea Cummins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	April 8 (Month) 7 (Day) 19 (Year)

FATHER

FULL NAME Dan Cummins

RESIDENCE Burley

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Pearl Glenn

RESIDENCE Burley

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Hom.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Hamilton M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 13 19 19 F. H. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 35-98
(Rev. 8-41)

AFFIDAVIT OF BIRTH
PERSONAL AND STATISTICAL PARTICULARS

State of California)
) SS.
County of Los Angeles)

Earl Irene Cummins, being first duly sworn, deposes and says as follows:

I am the Mother of the child named below, the personal and statistical particulars of whose birth are as follows:

FULL NAME OF CHILD Arthea Cummins Griffith Sex Female

Date of Birth April 8, 1919

Place of Birth Burley, Idaho

FULL NAME OF FATHER Daniel Harrison Cummins Color or Race White

Residence at Child's Birth Burley, Idaho

Age at child's birth ~~Seventeen~~ Thirty-Five

Birthplace Goosecreek Territory, Idaho

Occupation at Child's Birth Farmer

FULL MAIDEN NAME OF MOTHER Earl Irene Glenn Color or Race White

Residence at Child's Birth Burley, Idaho

Age at Child's Birth ~~Seventeen~~

Birthplace Bloomington, Idaho

Occupation at Child's Birth Housewife

I have personal knowledge of the birth of this child because:

Affiant Pearl Irene Cummins

Address 10909 So Bdway

Subscribed and Sworn to before me
this 31 day of December 194Y

[redacted]
Notary Public in and For
Said County and State

My commission expires Sept 24 1944

MAR 17 1949

APR 5 1972

Amended 12-12-56
133-204-016-418

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68016

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1227

FULL NAME OF CHILD ~~Baby~~ Allen Echo Katherine Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	April 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. H. Allen	FULL MAIDEN NAME	Catherine Dayley
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Dom.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida.

Filed Apr 13 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Baker }

Certificate No. 68016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Allen (Name on Original Certificate) who Was born (Was Born or Died) on April 4, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record from Burley and Church Record from L. D. S. Church prepared on Viewed by V. S. (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Baby Allen	Echo Katherine Allen

Subscribed and sworn to before me this 14th day of June, 19 36

Notary Public, residing at Baker, Oregon
My commission expires 10-2-37
(Seal)

Signed Katherine Allen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sparta Star Route Baker, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Baker }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 19 36

Notary Public, residing at Baker, Oregon
My commission expires 10-2-37
(Seal)

Signed Howard Allen
(Signature of Any Credible Person) Father
Sparta Star Route Baker, Ore.
(Street Address, City, State)

DPH 52.155

DEC 13 1956

235-114-016-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH 68017

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1228

FULL NAME OF CHILD Loren Arthur Stoddard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr. 14 1917

FATHER		MOTHER	
FULL NAME	A. A. Stoddard	FULL MAIDEN NAME	Margaret Owen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Filed May 2 1917 F. H. Cutler Registrar

certified copy in Her ... , 1[illegible]. ... .

286-117-016-399

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

68018

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1229

FULL NAME OF CHILD Spencer Shartridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Apr. 17 1917

FATHER		MOTHER	
FULL NAME	Earl Shartridge	FULL MAIDEN NAME	Lucretia Crittenden
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Filed May 9 19 19 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 19

AUG 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 113 - 016 - 432

PLACE OF BIRTH

County of Lemhi

City of Bartley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-5-17

CERTIFICATE OF BIRTH

68019

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 12

FULL NAME OF CHILD Irel Barnes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr. 13 1917

FATHER		MOTHER	
FULL NAME	Ezra Barnes	FULL MAIDEN NAME	Anna McBride
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 19 19

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 27 9 28 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 68019

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barrus (male) (Name on Original Certificate) who was born (Was Born or Died) on Apr1 13, 1919 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are known to me because I am his mother, age 92 now, (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Irel Barrus
sex of child	female	male

Subscribed and sworn to before me this 17th day of October, 19 77.

Notary Public, residing at Gooding, Idaho
My commission expires April 10, 1979
(Seal)

Signed Anna B. Barrus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Gooding Ida
Apt 6 (Street Address, City, State) 83330

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/29/77 ret'd $3 check

Family record gives name as Irel Barrus born April 13, 1919 . father's name as Ezra Milton Barrus and mother's name as Anna Eliza McBride. viewed by V. S.

DEC 5 1977

Church record of marriage and Baptismal gives name as Irel Barrus born ~~M~~ April 13, 1919 at Burley, Idaho. father's name as Ezra M. Barrus and mother's name as Anna Eliza McBride. married to Bulah Whiteing on June 2, 1948. Baptized Aug 6, 1927. viewed by V. S.

293-123-016-555-6

PLACE OF BIRTH
name added 12-13-82

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

68020

Registration District No. 167

File No. .....

Primary Registration District No. 216

Registered No. 123

FULL NAME OF CHILD Leigh Joseph Kilpack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 23 1917

FATHER

FULL NAME: D. W. Kilpack

RESIDENCE: Burley, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Ethel Newton

RESIDENCE: Burley, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 9.30 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 19 17

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-7-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 13 1 47 PM '82

State of _____ } ss.
County of _____

Certificate No. 68020
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kilpack (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 23, 1919 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Leigh Joseph Kilpack

Subscribed and sworn to before me this 9th day of Dec, 1982

Notary Public, Weire Durham
Residing at S L C Utah
My commission expires 5-18-83
(Seal)

x Leigh Joseph Kilpack
Signature of Applicant

1334 E. 3930 S. Salt Lake City, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Certificate of Baptism from LDS Church gives Leigh Joseph Kilpack born 4-23-19 at Declo to George William Kilpack and Ethel M Newton was baptised 5-28-27. Viewed by V.S.

DEC 13 1982

Honorable Discharge from U.S. Armed Forces gives Leigh J Kilpack born 4-23-19 at Declo, Idaho was discharged 8-23-45. Viewed by V.S.

912-126-016-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

68021

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1232

FULL NAME OF CHILD Rex Rasmussen

Sex of Child Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr. 26 1919 (Month) (Day) (Year)

FATHER

FULL NAME H. P. Rasmussen

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Cora Crofts

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6:40 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 1919 F. H. Cutler Registrar

FEB 28 1942

819-226-016-053

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 5-5-17

CERTIFICATE OF BIRTH

68022

Registration District No. 17

Primary Registration District No. 2196

File No. .....

Registered No. 1233

FULL NAME OF CHILD Margaret Luella Harris

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Apr. 26 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: L. E. Harris

RESIDENCE: Burley, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Texas

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Sarah Methard

RESIDENCE: Burley, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Colo.

OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

Burley, Ida.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 3 1919

..... Registrar

JUN 24 1942

464-130-016-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-5-17

CERTIFICATE OF BIRTH

68023

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 12 34

FULL NAME OF CHILD Joseph Richard Dodd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 30 1917

FATHER	MOTHER
FULL NAME E. F. Dodd	FULL MAIDEN NAME Margaret Kellogg
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE Ind.	COLOR White
OCCUPATION Lawyer	AGE AT LAST BIRTHDAY 45 (Years)
	BIRTHPLACE Iowa
	OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 1917

..... Registrar

255-119-016-492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

68024

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1235

FULL NAME OF CHILD RAY MICHIAL KEEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. E. Keen	FULL MAIDEN NAME	Minnie Mikkelson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Utah
OCCUPATION	Optometist	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

..... Registrar

Filed May 9 1919

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

SEP 25 1941

Certificate No. 68024
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Keen (Name on original certificate) who was born (Was born or died) on April 19, 1919 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Social Security record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Keen	Ray Michial Keen

Subscribed and sworn to before me this 22nd. day of September, 19 41

Notary Public, residing at Burley, Idaho
My commission expires Dec. 13, 1942
[SEAL]

Signed George Evert Keen Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

128 S. Hansen, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Cassia } ss.
County of Idaho }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd. day of September, 19 41

Notary Public, residing at Burley, Idaho
My commission expires Dec. 13, 1942
[SEAL]

Signed J. E. Burgess
(Signature of any credible person other than the previous affiant.)

260 N. Oakley, Burley, Idaho
(Street Address, City, State)

Received for filing on SEP 25 1941 By
(Registrar's signature)

695-119-016-753

name added 10-15-82

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 17

File No. 68025

Primary Registration District No. 2176

Registered No. 1236

FULL NAME OF CHILD Wallace Ray Freer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	P. W. Freer	FULL MAIDEN NAME	Pearl Peterson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Registrar

Filed May 9 1919 F. H. Carter
Registrar

9-13-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 6 2 25 PM '82

State of Calif.
County of Marin } ss.

Certificate No. 68025
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Freer (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 19, 1919 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Wallace R Freer

Subscribed and sworn to before me this 23 day of September, 1982
Notary Public Ruth E. Dyckman
Residing at Novato, Marin Co.
My commission expires

OFFICIAL SEAL
RUTH E. DYCKMAN
NOTARY PUBLIC - CALIFORNIA
Principal Office in MARIN County
My Commission Expires June 13, 1984

Wallace R. Freer
Signature of Applicant
2 Celeste Ct Novato, Ca 94947
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1982
Notary Public Patricia A. Silva
Residing at Willows, California
My commission expires December 15, 1984

PATRICIA A. SILVA
NOTARY PUBLIC - CALIFORNIA
GLENN COUNTY
My comm. expires DEC 15, 1984

Bernard A. Peterson
Supporting Signature
R 1 Box 145 Glenn Ca. 95943
Street Address, City, State

3 cpd

Honorable Discharge from U.S. Navy gives Wallace Ray Freer born 4-19-19 in Burley. Discharged 1-3-46. Viewed by V.S.

OCT 15 1982

Certificate of Marriage from State of California gives Wallace Ray Freer and Ina Belle Miller were married 12-20-51 in Santa Clara California. Viewed by V.S.

165 - 220
016 - 719

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 117 File No. 68026

Primary Registration District No. 2176 Registered No. 1237

FULL NAME OF CHILD Marguerite Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. L. Jones	FULL MAIDEN NAME	Rea Gorringe
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

..... Registrar

Filed May 9 1919 F. H. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 2 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 4 37 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 68026

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 20, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marguerite Jones

Subscribed and sworn to before me this 27 day of Nov., 19 74

Notary Public, residing at Pocatello, Idaho

My commission expires 7-19-75

(Seal)

Signed X Rhea J. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) MOTHER

McCammon, Idaho 83250
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Nov., 19 74

Notary Public, residing at Pocatello, Idaho

My commission expires 7-19-75

(Seal)

Signed X James Lester Jones
(Signature of Any Credible Person)
FATHER

Mc Cammon, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/26/74 Rush

Membership record to the LDS Church gives name as Marguerite Jones Satterfield. born April 20, 1919 at Burley, Idaho. father's name given as James Lester Jones, Sr. and the mother's name as X Rhea Jane Corringe. Baptized Mar. 4,1928. viewed by VS

DEC 11 1974

Marriage Certificate from Utah gives groom's nam eas Homer Stewart Satterfield and the bride' sx name as Marguerite Jones. dated Feb. 14, 1941. viewed by V. S.

961-121
016-249

PLACE OF BI[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cass[redacted]

City of Burley

Registration District No. 117

File No. 68027

No. ..... St.

Primary Registration District No. 2116

Registered No. 1238

Hospital .....

FULL NAME OF CHILD Roach

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	4/21 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl Roach	FULL MAIDEN NAME	Amanda Burgess
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Prof.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ~~[illegible]~~ 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida.

Filed May 9 1919 F. H. Cutter

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1972

816-122
016-748

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68028

County of Cassia

City of Burley

Registration District No. 167

File No.

No. St.

Primary Registration District No. 2196

Registered No. 1239

Hospital

FULL NAME OF CHILD Hawkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	April 29 1917

FATHER		MOTHER	
FULL NAME	L. J. Hawkins	FULL MAIDEN NAME	Mary E. Smith
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	~~Ut~~ Neb.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

Med. (Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 19 F. H. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 122
016 - 253

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68029

County of Cassia

City of Burley

Registration District No. 117

File No.

No. ..... St.

Primary Registration District No. 2196

Registered No. 1240

Hospital

FULL NAME OF CHILD Bair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Ap. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. L. Bair	FULL MAIDEN NAME	Pearl Kelly
RESIDENCE	Burley Id.	RESIDENCE	Burley
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Mechanic	OCCUPATION	Hwf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature, born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Id.

Filed May 1 1919 F. H. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-118
034-365

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68030

County of Minidoka

City of Rupert R. 4 Registration District No. 117 File No.

No. St. Primary Registration District No. 2196 Registered No. 1241

Hospital Baby

FULL NAME OF CHILD Julius A. Muleman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	April 18 1919

FATHER		MOTHER	
FULL NAME	Julius A. Muleman	FULL MAIDEN NAME	Ila Condit
RESIDENCE	Rupert Id.	RESIDENCE	Rupert Id.
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Hus.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Ida.

Filed May 9 1919 F H Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-209-016-849 [redacted]

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH Amended 5/2/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 68031

Primary Registration District No. 2176

Registered No. 1242

FULL NAME OF CHILD Norma Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar. 9 1919

FATHER		MOTHER	
FULL NAME	Wm. Ray Larsen	FULL MAIDEN NAME	Olive Hardwick
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida.

Filed May 9 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 10 '78
VITAL STATISTICS
MAY 2 9 27 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 68031

County of Multnomah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Larson (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar 9, 1919 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate prepared on 1-5-39 and Church record (Bible Record, Insurance Policy, Etc.) prepared on 8-7-67 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Larson	Norma Larsen
father's last name	Larson	Larsen

Subscribed and sworn to before me this 26th day of April, 1978

Cheryl L Maunu

Notary Public, residing at Portland, Oregon

My commission expires November 7, 1981

(Seal)

Signed Burton K. Nielsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10745 SW Wedgewood St., Portland, OR 97225

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1978

Cheryl L Maunu

Notary Public, residing at Portland, Oregon

My commission expires November 7, 1981

(Seal)

Signed [signature]

(Signature of Any Credible Person)

3395 SW 66th, Portland, OR 97225

(Street Address, City, State)

FORM DH 60-155

CL 4/14/78 RUSH

MAY 2 1978

Marriage Certif from Utah gives names as Burton Kofoed Nielsen and Norma Larsen married Jan 5, 1939. viewed by V. S.

Family group record from LDS church gives name as Norma Larsen born May 9, 1919 in Heyburn, Idaho. father's name as William Ray ~~Nixi~~ Larsen and mother's name as Olive Higgins Hardwick. viewed by V. S.

415 - 108
016 - 365

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68032

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 2196

File No. .....

Registered No. 1243

FULL NAME OF CHILD Baby Davis Harold Arnold Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			ye	April 8 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold V. Davis	Eva Conner
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Ut.	Pa
OCCUPATION	mechanic	Housework

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Carter M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 19 17 J. H. Carter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

697-230-034-386

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-1-17

CERTIFICATE OF BIRTH

68033

PLACE OF BIRTH

County of Minedoka

City of Hyburn

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1344

FULL NAME OF CHILD Bessie Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Feb. 30 1919

FATHER

FULL NAME Lorenzo Wilson

RESIDENCE Hyburn Ida

COLOR W AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lorina Marie Thompson

RESIDENCE Hyburn

COLOR W. AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Denmark

OCCUPATION Housework

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. H. Coulter M.D.

(Physician or midwife)

Address Burley Ida.

Filed May 7 1919 F. H. Coulter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

144-101-016-315

PLACE OF BIRTH

Form V. S. No. [illegible]

[illegible] STATISTICS

[illegible] BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 68034

Registered No. 1245

FULL NAME OF CHILD Baby Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	April 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. D. Judd	FULL MAIDEN NAME	Bertha Savage
RESIDENCE	Declo Id.	RESIDENCE	Declo
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3 rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed May 9 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-131-016-331

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68035

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 12 14 [illegible]

FULL NAME OF CHILD Burley Hansen Peter Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	3/31/19 191

FATHER		MOTHER	
FULL NAME	Farrel Hansen	FULL MAIDEN NAME	Aldia Clark
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	~~Ut~~ Utah
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed May 7 1919 F H Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/6/41. w.h.

699-103-016-249

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68036

County of Cassia

City of Burley (Vine) Registration District No. 117 File No.

No. St. Primary Registration District No. 2196 Registered No. 1256

Hospital

FULL NAME OF CHILD Baby Wrigley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	May 3 1917

FATHER		MOTHER	
FULL NAME	Frank Wrigley	FULL MAIDEN NAME	Althea Burgess
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Idaho

Filed May 7 1917 F. H. Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-128-034-91

PLACE OF BIRTH

County of Minneda[redacted]

City of Heyburn Registration District No. 117 File No.

No. ..... St. Primary Registration District No. 2196 Registered No. 1955

Hospital .....

FULL NAME OF CHILD Baby Pullman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Ap. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Pullman	FULL MAIDEN NAME	Maria Rasmussen
RESIDENCE	Heyburn Idaho	RESIDENCE	Heyburn
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Brick Maker	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Burley Idaho

Filed May 7 1919 F. H. Cutter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] IDAHO

[illegible] OF VITAL [illegible] STICS

[illegible] "[illegible]

638-124-016-255

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

S. No. 11-C—25m 6-8-17

CERTIFICATE OF BIRTH 68038

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1254

FULL NAME OF CHILD ~~Bab~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	April 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack W. Flynn	FULL MAIDEN NAME	Della Beecher
RESIDENCE	Declo Ida.	RESIDENCE	Declo Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Burley Idaho

Filed May 9 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-101-016-249

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68039

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1253

FULL NAME OF CHILD ~~Baby~~ Cooper, Harold Dean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	May 1 1919

FATHER		MOTHER	
FULL NAME	Oliver Cooper	FULL MAIDEN NAME	Iva Smith
RESIDENCE	Burley Id.	RESIDENCE	Burley Idaho
COLOR	W AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Id.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

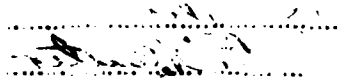
Filed May 9 1919 [redacted]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



593-117-016-213

Form V. S. No. 12-C—Rev. 6-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68040

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 1259

FULL NAME OF CHILD ~~Baby Boy~~ Nicholas Ross Webster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	May 17 1917

FATHER		MOTHER	
FULL NAME	Harry Nichols	FULL MAIDEN NAME	Orella Bateman
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 5 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 1917 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-209-016-314

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 68041

Registered No. 1251

FULL NAME OF CHILD Elizabeth Bankhead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Girl		Yes	Mar. 9 [illegible]

FATHER		MOTHER	
FULL NAME	Napoleon Bankhead	FULL MAIDEN NAME	Anna Tamo
RESIDENCE	Burley Ida.	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed May 9 1917

F. H. Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 12 24 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California ss. Certificate No. 68041

County of Alameda Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Bankhead (female)- (Name on Original Certificate) who was born (Was Born or Died) on March 9, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elizabeth Bankhead

OFFICIAL SEAL
MARGARET McCORMICK
NOTARY PUBLIC - CALIFORNIA
Principal Office in ALAMEDA County
My Commission Expires July 17, 1976

Subscribed and sworn to before me this 29th day of August 1972

Margaret McCormick

Notary Public, residing at 40873 Sundale Dr., Fremont Calif.

My commission expires July 17, 1972

(Seal)

Signed Elizabeth Bankhead Hafer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1939 Greenwood Rd Pleasanton Ca.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

County of Alameda

OFFICIAL SEAL
MARGARET McCORMICK
NOTARY PUBLIC - CALIFORNIA
Principal Office in ALAMEDA County
My Commission Expires July 17, 1976

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August 1972

Margaret McCormick

Notary Public, residing at 40873 Sundale Dr.,

My commission expires July 17, 1976 Fremont, Calif.

(Seal)

Signed Karla J. Haskins

(Signature of Any Credible Person)

37797 Los Arboles Dr. Fmt

(Street Address, City, State)

FORM DH 60-155 CL 2/3/72 nm

Certificate of Blessing from LDS Church gives name as Elizabeth Bankhead daughter of Napoleon Bankhead and Hannah laws. Was born March 9, 1919 at Burley, Idaho. Was blessed June 1, 1919. Viewed by V. S.

SEP 20 1972

Application to the Metropolitan Life Insurance Co.(#621,282,207MS) gives name as Elizabeth Hafer. Born March 9, 1919. Dated Nov. 7, 1962. Viewed by V. S.

817-12[illegible]-016-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 68042

Registered No. 1256

FULL NAME OF CHILD Baby Hagberg Carl John Hagberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		4	yes	May 22 1917

FATHER		MOTHER	
FULL NAME	Lewis J. Hagberg	FULL MAIDEN NAME	Sarah Martin
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 9 1917 F. H. Cutler Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUL 31 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 68042

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hagberg (Name on Original Certificate) who born (Was Born or Died) on March 23, 1919 (Date of Event)
in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth. are:
Insurance Policy viewed by vital stat. - obviously old

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Social Security Card 518-40-9892 viewed b v.s.	
Child's Name	Unnamed	Carl John Hagberg

Subscribed and sworn to before me this 26th day of July, 1957

Notary Public, residing at Burley, Idaho.
My commission expires June 1, 1958
(Seal)

Signed Louise Hagberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1957

Notary Public, residing at Burley, Idaho
My commission expires June 1, 1958
(Seal)

Signed Mrs. Kate V. Hagberg
(Signature of Any Credible Person)

Burley, Idaho
(Street Address, City, State)
(Step mother)

FORM DPH 55.155

NN 7-19-57 1 copy paid

SEP 6 1957

154-227-016-359

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68043

County of Cassia

City of Burley R. B.

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1249

FULL NAME OF CHILD Ethel Elaine Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Mar. 27 1919

FATHER		MOTHER	
FULL NAME	Fred W. Anderson	FULL MAIDEN NAME	Vera May Leigh
RESIDENCE	Burley Id.	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed May 9 1919 F. H. Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-229-016-253

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 1 St.

Hospital

Registration District No. 117

File No. 68044

Primary Registration District No. 2196

Registered No. 1248

FULL NAME OF CHILD Jennie Marie Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Nov. 29 1917

FATHER		MOTHER	
FULL NAME	J. R. Campbell	FULL MAIDEN NAME	Jennie M. Kelley
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ut. ~~Farmer~~	BIRTHPLACE	Ut.
OCCUPATION	Laborer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida.

19

Registrar

Filed May 7 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 68044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death), for Baby Girl Campbell (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1919 (Date of Event) in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	omitted	Jennie Marie Campbell

Subscribed and sworn to before me this 8th day of September, 1976

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Margaret Stemmet

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 West F Jerome, Ida 83338

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

1 cy pd. #61507 8/18/76

Membership record to the L.D.S Church gives name as Jennie Marie Fitzpatrick born Mar 29,1919. bith plae as Burley, Idaho. Father's name as James R. Campbell and mother's name as Jane Kelly Blessed June 1, 1919. viewed by VS

Own child's birth certificate on file Idaho #382559 for Wayne Fitzpatrick, born October 17, 1943 in Burley gives mother's name as Jennie Marie Campbell. --viewed by VS

SEP 1 3 1976

693-131-042-613

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Millner

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 68045

Registered No. 1247

FULL NAME OF CHILD Baby Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	Mar. 31 1919

FATHER		MOTHER	
FULL NAME	Lee Wilson	FULL MAIDEN NAME	Eva Walker
RESIDENCE	Millner Ida.	RESIDENCE	Millner Id.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tenn.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed May 7 1917 F. H. Cutter

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-129-025-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68046

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 19

FULL NAME OF CHILD: Karl Eugene Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Second	yes	April 29 1914

FATHER		MOTHER	
FULL NAME	Albert Peter Johnson	FULL MAIDEN NAME	Ethel Ford
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Grady Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. April 29 1914 at 11:00 A M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician

(Physician or midwife)

Address Grangeville Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 8 1914 G S Bricklin

Registrar

S-Y-CO 38071

817-126-025-449

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68047

County of Idaho

City of Grangeville

Registration District No. 103

File No.

No. St.

Primary Registration District No. 2181

Registered No. 18

Hospital

FULL NAME OF CHILD Williard Bryant Hazelbaker

Sex of Child Male

Twin Triplet or other? — and Number in order of birth First (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Feb. 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bryant Hazelbaker	FULL MAIDEN NAME	Marguerite Durcilla
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Custer Co. Nebr.	BIRTHPLACE	Mercer Co. Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2/26/19 at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Grangeville

Filed May 8 1919 G S Stockton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

168-225-025-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 68048

No. ..... St.

Primary Registration District No. 2181

Registered No. 17

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		6	Yes	3 (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Johnson	FULL MAIDEN NAME	Leonina S. Chase
RESIDENCE	~~Pla~~ Idaho Co.	RESIDENCE	Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Callon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Id.

Registrar

Filed May 8 1919 G. D. Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

579-102-025-499

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

68049

County of Idaho

City of Grangeville Registration District No. 103 File No.

No. St. Primary Registration District No. 2181 Registered No. 16

Hospital

FULL NAME OF CHILD Lester Earp ~~[illegible]~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		4	Yes	April 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lynza Earp ~~[illegible]~~	FULL MAIDEN NAME	Nellie Mires
RESIDENCE	Idaho Co.	RESIDENCE	Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2304 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Scallon

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Grangeville Id

19

Registrar

Filed May 8 1919 G D Stockton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho }

Certificate No. JUN 12 1941
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lester Aerp (Name on original certificate) who was born (Was born or died) on April 2, 1919 (Date of event)
in Grangeville, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by mother who named him ~~prepared on~~ at time of birth (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Lester Earp	Original Cert.	to correct spelling of surname.

Subscribed and sworn to before me this 9, day of June, 1941

H. Rothwell
Notary Public, residing at Grangeville, Idaho.
My commission expires August 8, 1941
[SEAL]

Signed X Nellie Earp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

111 E. Main
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Idaho }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9, day of June, 1941

H. Rothwell
Notary Public, residing at Grangeville
My commission expires 8-8-41
[SEAL]

Signed X Lyza Earp
(Signature of any credible person other than the previous affiant)

111 E. Main
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-209-025-466

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 68050

No. ____ St.

Primary Registration District No. 1001 Registered No. 15

Hospital ____

Full Name of Child VIRGINIA ROSAMOND ARNOLD

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
7			Yes	March 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Ross. Arnold	Etta M Moorman
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Mich	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Filed May 9 1919 G S Stockton Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 68050

Date Filed [illegible] 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Unnamed) Virginia Rosamond Arnold (Name on Original Certificate) who was born (Was Born or Died) on March 9, 1919 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my knowledge as her mother (Bible Record, Insurance Policy, Etc.) prepared on ----- (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Virginia Rosamond Arnold

Subscribed and sworn to before me this 28th
day of March, 1942.

County Recorder
Notary Public residing at Grangeville, Idaho
My commission expires
(Seal)

Signed Elta M. Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of March, 1942.

County Recorder
Notary Public residing at
My commission expires
(Seal)

Signed W. M. Knox
(Signature of Any Credible Person Other Than Previous Year)

Grangeville, Idaho
(Street Address, City, State)

APR 9 1942

FEB 11 1970

154-217
-003-S-69

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Cambridge

No. (Res. of A C Anderson) St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68051

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ester Bernice Anderson.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		3	Yes	April 17th 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Hugh Anderson	FULL MAIDEN NAME	Martha Nordvy
RESIDENCE	Shelley, Idaho	RESIDENCE	Shelley, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Logan Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-28-003-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68052

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD LUCILE STODDARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	6	Yes	April 18th 1919

FATHER		MOTHER	
FULL NAME	John F. Stoddard	FULL MAIDEN NAME	Edna Crockett
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or Midwife)

Address Downey, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 1919

..... Registrar

RECEIVED
APR 18 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68052

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stoddard (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1919 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing June 1, 1919 Certificate of Baptism July 3, 1927 L.D.S. Membership record (Bible Record, Insurance Policy, Etc.) prepared on May 18, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Lucile Stoddard

Subscribed and sworn to before me this 11th day of April, 1956.

Notary Public, residing at Dila Bend, Arizona
My commission expires My Commission Expires Dec. 2, 1958
(Seal)

Signed Edna Stoddard (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 96 Dila Bend Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1956.

Notary Public, residing at Dila Bend Arizona
My commission expires My Commission Expires Dec. 2, 1958
(Seal)

Signed Beulah D. Wright (Sister)
(Signature of Any Credible Person)

Box 96 Dila Bend Arizona
(Street Address, City, State)

FORM DPH 55. 155

APR 18 19

613-129-003-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 13-C—Rev. 6-3-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 68053

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		2	Yes	April 29 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Les Watkins	Evelyn Wakley
RESIDENCE	Downey Idaho	Downey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Brigham City, Utah	Downey, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .... 2 .... Number of children of this mother now living, including present birth .... 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .... Born alive .... (Born alive or stillborn) at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .... Lora F. Rich

Physician

(Physician or midwife)

Address .... Downey, Idaho

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed .... May 19 19

..... Registrar

219-207-003-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 68054

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	May 7th 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Laird Harold Bartholomew	Janet Thayer
RESIDENCE	Downey Idaho	Downey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Manager J C Penney Co	Housewife

Number of child of this mother, including present birth .... 1 .... Number of children of this mother now living, including present birth .... 1 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [redacted]

V. S. No. 11-C—20m-2-15-[redacted]

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of A[redacted]

City of New Meadows

331-130-002-239

No. ..... St.

Registration District No. .....

File No. 68055

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Lyman Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Jan (Month) 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Miller Clark	FULL MAIDEN NAME	Ruth Emma Bliese
RESIDENCE	New Meadows Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Meadows, Ida.	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Railroad Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Seeley M. D

(Physician or midwife)

Address New Meadows Ida

Given names added from a supplemental report

..... 19.....

Filed May 9 1919 W M Brown

Registrar

Registrar

S-Y CO. 20174

[redacted]

MAY 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

125 - 127 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68056

County of Bannock

City of Bancroft. Registration District No. 84 File No.

No. St. Primary Registration District No. 2141 Registered No. 22

Hospital

FULL NAME OF CHILD Kermit Leo Aston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	4-19-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Aston	Dana Burrell
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Idaho	Illinois
OCCUPATION	Farmer salesman	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

.....19.....

Registrar

Filed 4-29-1919 [illegible]

Registrar

JAN 9 1953

759-129-025-755

[redacted]

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

68057

Registration District No. 65

File No. 5.001

Primary Registration District No. 2145.

Registered No. _____

FULL NAME OF CHILD Paul. Wilson. Gerra.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Jan 29 1919.

FATHER		MOTHER	
FULL NAME	William Gerra.	FULL MAIDEN NAME	Marie. Pevan.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Wis.
OCCUPATION	Trainman on R R.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd.

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 6 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M.D.

(Physician or midwife)

Address Potlatch - Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed April 10. 1919. D. Jr. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-113-029-268

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68058

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Leslie. Theodore. Lunde.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	✓		✓	yes.	Feb 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lars. Lunde.	FULL MAIDEN NAME	Nichola. Soholt.
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	38.
BIRTHPLACE	Norway.	BIRTHPLACE	Norway.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson.

M.D. (Physician or midwife)

Address Pottatch Idaho.

Filed March 1919. Dr. J. W. Thompson Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-209-025-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68059

Registration District No. 6 S.

Primary Registration District No. 2145

File No. .....

Registered No. .....

FULL NAME OF CHILD Dorella Elaine. Woods.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓		✓	yes.	April. 9 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James. Woods.	FULL MAIDEN NAME	Pearl. Whitney
RESIDENCE	Potlatch R. F. D.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Oregon.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 c

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. H. Thompson. M. D.

(Physician or midwife)

Address Potlatch. Idaho

Filed April 11 1919. Dr. J. H. Thompson Registrar

S-Y-CO. 38071

JUL 21 1953

243-103-029-652

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of ~~Bern.~~ Pottatch

No. ..... *St.*

Hospital .....

Registration District No. 65 **File No.** 68060

Primary Registration District No. 2145 **Registered No.** .....

FULL NAME OF CHILD - Orville Bull.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male -	✓		✓	yes -	Jan (Month) 3 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Bull.	FULL MAIDEN NAME	Ella West.
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 13th Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jw. Thompson

M.D.
(Physician or midwife)

Address Pottatch Idaho.

Filed April 16 1919. Dr. Jw. Thompson
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-229-025-263

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Princeton

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. ____

Primary Registration District No. 2145. Registered No. 68062

FULL NAME OF CHILD Ida Mary. Thrasher.

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓		✓	yes.	April 29 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lowell Thrasher.	FULL MAIDEN NAME	Ida Bosker.
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Dr Jer. Thompson

M.D. (Physician or midwife)

Address Potlatch

Filed May 1 19 19. Dr Jer. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 2012

JUN 3 - 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-110-025-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 105 File No. 26

No. ..... St. Primary Registration District No. 2183 Registered No. 68064

Hospital .....

FULL NAME OF CHILD Hobart Helmuth Matthiesen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 10 1919

FATHER		MOTHER	
FULL NAME	Helmuth C Matthiesen	FULL MAIDEN NAME	Maude Williams
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Oregon
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Sept. 19 19

H B Blake Registrar

JUN 1 8 1948

993-127-016-249

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

[redacted] F IDAHO
BU[redacted]AL STATISTICS

Form V. S. No. 11-C—[redacted]-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 68069

Primary Registration District No. 2199 Registered No. 51

FULL NAME OF CHILD DONALD BLAINE Rice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 27 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Jess B. Rice		Clarissa Smith
RESIDENCE	Conant	RESIDENCE	Conant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Registrar

Filed May 10 1919 N. H. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE C

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Donald Blaine Rice

5. Date of Birth of Child (Month, day, year) April 28, 1919

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Blaine Rice
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Malta (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarissa Caroline Smith
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr. A. F. Nielson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clarissa Caroline S. Rice Signature
F. S. Oakley Idaho P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 1942.

(SEAL) E. P. Larson Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Received for filing on.....by....., Registrar.

FEB 28 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-123-016-253

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 50

68070

FULL NAME OF CHILD ..... FORREST DE ORR Stock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E C Stock	FULL MAIDEN NAME	Florence Bee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed May 10 1919 A. G. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 68070

JAN 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for FORREST DeORR STOCK (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 23, 1919 (DATE OF EVENT)

in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record Book (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 24, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Forrest De Orr Stock

Subscribed and sworn to before me this 21 day of Jan 1942

Notary Public, residing at Oakley Idaho

My commission expires (SEAL) My commission expires March 25, 1944.

Signed Thomas B. Stock
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Oakley Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires ..... (SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 6 1952

SEP 1 1954

413-121-016-962

PLACE OF BIRTH

Form V. S. No. M-C—20m-3-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68071

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 49

FULL NAME OF CHILD JAMES NEVELL Mackey 68071

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Mackey	FULL MAIDEN NAME	Sarah Rosenlund
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed May 10 1919 N. H. Nielson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 68071

JAN 12 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) Infant for (NAME ON ORIGINAL CERTIFICATE) No name given who (WAS BORN OR DIED) born on (DATE OF EVENT) April 21, 1919 in (PLACE OF EVENT) Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) Father prepared on (GIVE DATE) Jan. 12, 1942 are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	James Newell Mackey

Subscribed and sworn to before me this 12th day of January, 19 42

Marion E. Bond
Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(SEAL)

Signed James A. Mackey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 12 1942 By
(REGISTRAR'S SIGNATURE)

JAN 12 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. 419-118-016-619 St.

Hospital

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 48

FULL NAME OF CHILD Rex F. Martin 68072

Sex of Child Male

Twin Triplet or other? / and Number in order of birth / (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John S. Martin	FULL MAIDEN NAME	Bertha E. Fairchild
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

19

Registrar

Filed May 10 1919

[signature] Registrar

SEP 2 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

572-106-016-563

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

68073

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 47

FULL NAME OF CHILD Egbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	April 6 1919

FATHER		MOTHER	
FULL NAME	Cleve Egbert	FULL MAIDEN NAME	Mabel Wold
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

Address Oakley, Idaho

..... 19.....

Filed May 16 1919 [signature] Registrar

..... Registrar

395-202-016-432

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 46

68074

FULL NAME OF CHILD Livingstone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 2 1919

FATHER		MOTHER	
FULL NAME	L. C. Livingstone	FULL MAIDEN NAME	Ella McBride
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.52 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed May 10 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

718-230-016·249 Added child's name 10-26-93 ms

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. XX

Primary Registration District No. 2199 Registered No. 52

FULL NAME OF CHILD Cleo Fern Payne 68075

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 30 1919

FATHER		MOTHER	
FULL NAME	Myron Payne	FULL MAIDEN NAME	Ethel Burton
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Nelson (Physician or midwife)

Given names added from a supplemental report.

Filed May 10-19

Address Oakley, Idaho

.....19.....

A70 N. R.

10-7-93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 68075
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Payne (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 30, 1919 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Payne	Cleo Fern Payne

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

+ Cleo Fern Payne
Signature of Applicant

+ 9580 So. Pinedale Cir.
Street Address, City, State
Sandy, Ut 84092

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10/1/93 day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

SHARON SHERIFF
NOTARY PUBLIC - STATE of UTAH
9176 So. 300 W. Suite 4
Sandy, Utah 34070
COMM. EXP. 5-2-94

Supporting Signature

9844 So. 13th East Sandy
Street Address, City, State

Social Security card shows that Cleo Fern Payne was issued her number Sept. 28, 1937 viewed vs 10-26-93 ms

Certificate of Baptism from the Salt Lake City Diocese of Utah shows that Cleo Payne was baptized on April 13, 1946 viewed vs 10-26-93 ms

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Culdesac

No. 266-117-035-363 St.

Hospital

Registration District No. 97

Primary Registration District No. 2,74

File No.

Registered No. 13

FULL NAME OF CHILD Clifford Elgin Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	4	yes	April 17 1919

FATHER		MOTHER	
FULL NAME	Cager James Bowen	FULL MAIDEN NAME	Ione Amie Coleman
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Cassville Missouri	BIRTHPLACE	Pomeroy Washington
OCCUPATION	Fireman, Rail road	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G K Tiffany

Mid wife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Culdesac Nez Rue Co Idaho

Filed April 26 1919 William R H Habel

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERT. NUMBER OF BIRTH

PLACE OF BIRTH

AUG 13 1942

FEB 21 1957

152-120-035-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68077

Registration District No. 97

Primary Registration District No. 2174

File No. ——

Registered No. 17

FULL NAME OF CHILD Darrell Edmond Ankney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	✓	yes	April 25 1919

	FATHER	MOTHER
FULL NAME	George Ankney	
FULL MAIDEN NAME		Ruth Parker
RESIDENCE	Sweetwater	Sweetwater
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Ida.	Oregon.
OCCUPATION	Farm Laborer	housewife

Number of child of this mother, including present birth IV Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hall M.D.

(Physician or midwife)

Address Sweetwater Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed April 25 1919

William P. Hall

Registrar

433-101-035-152

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97 File No. 68078

Primary Registration District No. 2174 Registered No. 11

FULL NAME OF CHILD Sherrill Clinton McCreary

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	April 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aaron R. McCreary	FULL MAIDEN NAME	Maybelle Ankney
RESIDENCE	Kendrick, Ida.	RESIDENCE	Kendrick Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho.
OCCUPATION	Clerk	OCCUPATION	housewife.

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lapwai Ida.

Filed April 10 1919 William P. H. Habel

Registrar

Registrar

436-104-035-418

Form V. S. No. 11-C—25m-8-8-17

68079

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ney Perce

City of Culdesac R.F.D.

No. ..... St.

Hospital .....

Registration District No. 97

Primary Registration District No. 2174

File No. .....

Registered No. 10

FULL NAME OF CHILD ~~Alfred~~ McFarlin HOMER CECIL McFARLIN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	April 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles O. McFarlin	FULL MAIDEN NAME	Katherine Dambacher
RESIDENCE	Culdesac R.F.D.	RESIDENCE	Culdesac R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth -1- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hatel mw.

Sapwai Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed April 5 1919 William P. Hatel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Montgomery }

Certificate No. 68079
Date Filed Nov 7th 1944

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Homer Cecil McFarlin (Name on Original Certificate) who born (Was Born or Died) on April 4th 1919 (Date of Event)
in Caldwell (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on May 18 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Alfred McFarlin	Jp,er Cecil McFarlin
&	Homer Cecil McFarlin	Homer Cecil McFarlin
birthday	April 4th 1919	April 4th 1919

Subscribed and sworn to before me this 7th
day of November, 19 44
Ruth Barringer
Notary Public, residing at Hillsboro Illinois
My commission expires July 29-1948
(Seal)

Signed Charles O McFarlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Butler Illinois RR #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of November, 19 44
P.D. Abbott
Notary Public, residing at Kamiah
My commission expires July 12th 1947
(Seal)

Signed Roza E. McFarlin
(Signature of Any Credible Person Other Than Previous Year)
Kamiah Idaho
(Street Address, City, State)

NOV 27 1954

869-226-005-284

PLACE OF BIRTH

STATE OF IDA[illegible]
BUREAU OF VITAL ST[illegible]

No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68080

County of Benewah

City of St.Maries

No. _____ St.

Hospital _____

Registration District No. 32 File No. _____

Primary Registration District No. 2049 Registered No. 19

FULL NAME OF CHILD CHARLOTTE FRANCES Horlick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward C.Horlick	FULL MAIDEN NAME	Frances E.Shuck
RESIDENCE	Ferrell,Idaho	RESIDENCE	Ferrell,Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	Baker Cy.Oregon
OCCUPATION	miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St Maries Ida

Filed May 1 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RE[illegible] BINDING

WRITE PLAINLY WITH UNFADING [illegible] A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE [illegible] must be made for each and the number of each, in order of birth stated.

JAN 18

714-102-035-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Culdesac R.F.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68081

Registration District No. 97 File No. .....

Primary Registration District No. 714 Registered No. 9

FULL NAME OF CHILD Roy Clyde Gamett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	✓	yes	April 2 1919

FATHER		MOTHER	
FULL NAME	Wilbur V. Gamett.	FULL MAIDEN NAME	Louisa Yoeum
RESIDENCE	Culdesac R.F.D.	RESIDENCE	Culdesac R.F.D.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth Eleven. Number of children of this mother now living, including present birth Eleven

Dist. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive from alive on the date above stated. at 5 30 P M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victor V. Gamett (Father)

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed April 3 1919 William P. Hall

Registrar

Registrar

844-218-005-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68082

County of Benewah

City of St.Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. [illegible]

Primary Registration District No. 2049 Registered No. 18

FULL NAME OF CHILD ROSELLE HUDGENS ~~Hudgens~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Hudgens	FULL MAIDEN NAME	Lona Sowell
RESIDENCE	St.Maries	RESIDENCE	St.Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Hamlin,Tex.	BIRTHPLACE	Dickens Cy.Tex.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 AM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed May 1 1919 H E Hunt Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa }

Certificate No. 68082

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Roselle Hudgens (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on April 18 1919 (DATE OF EVENT)
in St. Marys Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Roselle Hudgens

Subscribed and sworn to before me this 30th day of November, 1942.

Cecil Irvin
Notary Public, residing at Phoenix Arizona
My commission expires Jan. 29 1946
(SEAL)

Signed Mrs Lona Hudgens (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 15 1943

962-115-005-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68083

County of Benewah

City of St.Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 17

Hospital

FULL NAME OF CHILD Leonard Ray Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Apr. 15 1919

FATHER	MOTHER
FULL NAME: William Robinson	FULL MAIDEN NAME: Willia Martin
RESIDENCE: St.Maries	RESIDENCE: St.Maries
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Marion Co.Ark.- Illinois	BIRTHPLACE: Marion Co.Ark.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11P M. on the date above stated.

(Signature) C B Smith M.D.

(Physician or midwife)

Address

Filed May 1 1919 H E Hunt

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1952

JUN 15 195[illegible]

AUG 27 1974

595-109-009-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 81

File No.

No. — St.

Primary Registration District No.

Registered No. 17

Hospital —

FULL NAME OF CHILD Otto Michoff 68084

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	MOTHER
	Wm. Peter Michoff	Lena Weller
RESIDENCE	Laclede Idaho	Laclede, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	35 (Years)
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A M. on the date above stated.

(Signature) M. R. King M.D

Physician

(Physician or midwife)

Address Laclede, Idaho

Filed April 17 19 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-111-009-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68085

County of Bonner

City of Laclede

No. — St.

Hospital —

Registration District No. 81

File No.

Primary Registration District No.

Registered No. 13

FULL NAME OF CHILD Lewis George Mallette

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	April 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Mallette	FULL MAIDEN NAME	Frieda Grace Graves
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. King M. D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Laclede, Idaho.

Filed April 2 1919

Registrar

S-Y-CO 38071

Certified Copy issued Jan. 14, 1941. E.W.

JUN 23 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 212-223-009-417

Form V. S. No. 11-C—20th-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81 File No. [illegible]

Primary Registration District No. 2158 Registered No. 14

FULL NAME OF CHILD Audry Ruth Baker 68086

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth April 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Baker	FULL MAIDEN NAME	Dorothy Dalphine Dorothy Dempsey
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Burr Oak, Kansas	BIRTHPLACE	Clear Lake, Iowa
OCCUPATION	Labor Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed April 26 1919

Registrar

Registrar

753-125-009-791

PLACE OF BIRTH

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68087

Registration District No. 81 File No. _____

Primary Registration District No. 2158 Registered No. 15

FULL NAME OF CHILD ROBERT MONROE PETERSEN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1st	Yes	April 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Petersen	FULL MAIDEN NAME	Kathyrin Graff
RESIDENCE	Priest River	RESIDENCE	Priest River Ias
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Germany
OCCUPATION	Hotel Prof	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. Polgetloff M.D.
Physician
(Physician or midwife)

Address Priest River

Filed Apl 26 1919 Rose Kennedy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

State of Idaho } ss.
County of Bonner }

JAN 16 1942

Certificate No. 68087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Monroe James Peterson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 25, 1919 (DATE OF EVENT)
in Priest River, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 19, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Monroe James Peterson	Robert Monroe Petersen

Subscribed and sworn to before me this 15th
day of January 1942.
Rieka McLean
Notary Public, residing at Priest River
My commission expires May 16—1943.
(SEAL)

Signed E. J. Peterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Priest River, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 15th
day of January 1942
Rieka McLean
Notary Public, residing at Priest River
My commission expires May 16—1943.
(SEAL)

Signed Grace Eden
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)
Priest River, Ida.

Received for filing on JAN 16 1942 By
(REGISTRAR'S SIGNATURE)

753-125-009-791

PLACE OF BIRTH

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68088

Registration District No. 81

File No. _____

Primary Registration District No. 21 58

Registered No. 16

FULL NAME OF CHILD RICHARD GLENN PETERSEN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	Second	yes	April 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Petersen	FULL MAIDEN NAME	Katherine Graff
RESIDENCE	Priest River	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Germany
OCCUPATION	Hotel Prop	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Priest River Ida

_____ 19 ____

Filed April 26 1919

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 16 1942
County of Bonner }

Certificate No. 68088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Woodrow Peterson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 25, 1919 (DATE OF EVENT)
in Priest River, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 19, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Woodrow Peterson	Richard Glenn Petersen

Subscribed and sworn to before me this 15th day of Jan. 1942.

Patricia McLean

Notary Public, residing at Priest River

My commission expires May 16—1943.
(SEAL)

Signed E. J. Petersen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Priest River, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of Jan. 1942.

Patricia McLean

Notary Public, residing at Priest River

My commission expires May 16—1943.
(SEAL)

Signed Grace Egan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Priest River Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 16 1942 By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Priest River

No. 165-128-009-555 St.

Registration District No. 81 File No.

Primary Registration District No. 2158 Registered No. 17

Hospital

FULL NAME OF CHILD Richard Warren Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 28 1919

FATHER		MOTHER	
FULL NAME	Stanley W. Jones.	FULL MAIDEN NAME	Harriet Neergaard
RESIDENCE	Priest River Ida	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Penna.	BIRTHPLACE	Wash.
OCCUPATION	Stage & mail contractor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Priest River Ida.

19

Filed April 30 1919

Registrar

Registrar

112 - 207
013 - 293

PLACE [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68090

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Florence Marie Aasa .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Jan 7 1919

FATHER	MOTHER
FULL NAME: Fred Aasa	FULL MAIDEN NAME: Gladys Marilda Bickle
RESIDENCE: Twin Falls E. of Fairfield	RESIDENCE: Twin Falls E. of Fairfield
COLOR: W. AGE AT LAST BIRTHDAY ..... (Years): 28	COLOR: W. AGE AT LAST BIRTHDAY ..... (Years): 21
BIRTHPLACE: Norway.	BIRTHPLACE: Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... 2d ..... Number of children of this mother now living, including present birth ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield Ida

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed Apr. 30 19 19

L Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/14/41/ EA

595-18
003

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68091

County of [redacted]

City of Bancroft

Registration District No. 84

File No.

No. St.

Primary Registration District No. 2161

Registered No. 21

Hospital

FULL NAME OF CHILD Harry Stanley Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	4-18-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Niels Peter Nielsen	Mary Anna Matilda Nielsen
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	24
BIRTHPLACE	Denmark	Denmark
OCCUPATION	farmer	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

.....19.....

Registrar

Filed 4-19-19 M. P. Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1942

313-228-003-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68092

County of Bannock

City of Chesterfield

Registration District No. 84

File No.

No. St.

Primary Registration District No. 2161

Registered No. 23

Hospital

FULL NAME OF CHILD GENEVIEVE CALL ~~Ruth Call~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	3-28-1919

FATHER		MOTHER	
FULL NAME	Israel Call	FULL MAIDEN NAME	Vienna Davids
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ruth Davids

midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address Chesterfield

Registrar

Filed 4-23 1919 W R Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 68092

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ruth	Genevieve Call

Subscribed and sworn to before me this 16th day of February, 1943

M L Stallcup

Notary Public, residing at Idaho Falls

My commission expires Aug. 19 1945

(SEAL)

Signed Mrs. J. B. Call

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R 7 Idaho Falls Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Feb., 1943

M L Stallcup

Notary Public, residing at Idaho Falls Idah

My commission expires Aug. 19 1945

(SEAL)

Signed Mrs. J. B. Call

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B., In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-223-003-545

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68093

County of Bannock

City of Chesterfield Registration District No. 84 File No.

No. ..... St. Primary Registration District No. 2161 Registered No. 24

Hospital .....

FULL NAME OF CHILD Lamar Commilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4-23-19

FATHER		MOTHER	
FULL NAME	Forest Commilson	FULL MAIDEN NAME	Etta Simmerson
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) M. R. Wallentine

(Physician or midwife)

Address Bancroft

Filed 4-23-1919 M. R. Wallentine
Registrar

815-127-003-857

PLACE OF BIRTH

County of Bannock

City of Central

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

68094

Registration District No. 84 File No. —

Primary Registration District No. 2161 Registered No. 25

FULL NAME OF CHILD ..... Lawrence Emery Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	11-27-1919

FATHER		MOTHER	
FULL NAME	Emery Hanson	FULL MAIDEN NAME	Amitha Hegstrom
RESIDENCE	Central	RESIDENCE	Central
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. P. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-2-1920 N. P. Wallentine Registrar

MARGIN RESERVED FOR BINDING - WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-128-003-539

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68095

County of Bannock

City of Bancroft

Registration District No. 84 File No. [illegible]

No. ..... St.

Primary Registration District No. 2161 Registered No. 26

Hospital .....

FULL NAME OF CHILD Darrell Corbett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	4-28-1919

FATHER		MOTHER	
FULL NAME	Thomas Moroni Corbett	FULL MAIDEN NAME	Annie Mabel Eliason
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. P. Wallentine

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 4-29 1919 N. P. Wallentine

Registrar

Registrar

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HE .TH—BUREAU OF VITAL STATISTICS

SUP .EMENTAL REPORT OF BIRTH

Place of Birth

City Bancroft

Street and House No.

County Bannock

Registered No. 26

Registration Dist. No. 84

Sex of Child male

Date of Birth 4-28 1919
MONTH DAY YEAR

Father Thos. Moroni Corbett
FULL NAME

Mother Anna Mae Eliason
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Darrell Corbett
GIVEN NAME IN FULL SURNAME

as reported by mother
FATHER OR MOTHER

W R Wallentine
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-120-029-238

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 68096

No. ..... St.

Primary Registration District No. 2142

Registered No. 14

Hospital .....

FULL NAME OF CHILD Victor Owen Earl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes	Apr. 20 1919

FATHER		MOTHER	
FULL NAME	Perry G. Earl	FULL MAIDEN NAME	Birdie Schofield
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wash	BIRTHPLACE	California
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehrer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-22 1919 W. H. Ehrer

Registrar

Certified Copy issued November 4, 1940. E.W.

493-213
029-314

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Salah

City of Genesee

Registration District No. 62

File No. 68098

No. ..... St.

Primary Registration District No. 2142

Registered No. 12

Hospital .....

FULL NAME OF CHILD Mae E. Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar 13 1919

FATHER		MOTHER	
FULL NAME	Chris Miller	FULL MAIDEN NAME	Effie Lambert
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wis	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tudory

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4-7 1919 W. H. Chen
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 19 3 19 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 68098

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar 13, 1919 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elnora Mae Miller

Subscribed and sworn to before me this 12 day of January, 19 76

Dorothy B. McDonald
Notary Public, residing at Whittier, Calif.
My commission expires January 3, 1977

OFFICIAL SEAL
DOROTHY B. McDONALD
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Jan. 3, 1977

Signed Evelyn Miller Emehiser
Evelyn Miller Emehiser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12/31/75 nm

Own child's birth certif (on file in Idaho) from Lake City General Hospital, Coeur d'Alene, Idaho gives child's name as Clyde Franklin Clark and the parents name as Harold Franklin Clark and Mae Elnora Miller. born June 22, 1953. viewed by V. S.

MAR 16 1976

Certif of Award gives name as Mae Miller. given for being Neither Tardy Nor Absent dated May 28, 1926. viewed by V. S.

854-113-029-862

Form V. S. No. 11-C—25m-9-8-17

68099

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 11

FULL NAME OF CHILD Roy Curtis Hemgarten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Mar 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Hemgarten	FULL MAIDEN NAME	Bessie Hosington
RESIDENCE	Juliaetta Id	RESIDENCE	Juliaetta Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Tuomy

German Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-7 1919 W. H. Ehem Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-109-029-689

[redacted] S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 6

File No. 68100

No. ..... St.

Primary Registration District No. 2142

Registered No. 18

Hospital .....

FULL NAME OF CHILD Richard George Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Horace Hall	FULL MAIDEN NAME	Hazel Whitcomb
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	NC	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Tierney

Genesee Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-7 1919 W. H. Ehrman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-105
029-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted]

8101

County of Salah

City of Geneva

Registration District No. 62

File No.

No. St.

Primary Registration District No. 2142

Registered No. 9

Hospital

FULL NAME OF CHILD Fisher Edwin Sneenbaugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Max Sneenbaugh	FULL MAIDEN NAME	Myrtle Peterson
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ind
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tudney

Geneva Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 4-7 1919 W. J. Eham
Registrar

MARGIN RESERVED FOR BINDING

E PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1960

867-102-029-238

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68102

County of Idaho

City of Genesee

Registration District No. 62

File No.

No. St.

Primary Registration District No. 2142

Registered No. 8

Hospital

FULL NAME OF CHILD Glen Donald Hagay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Mar 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hagay	FULL MAIDEN NAME	Miller Schenk
RESIDENCE	Moscow Id	RESIDENCE	Moscow Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Id	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tromy

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4-7 1919 Lot Eheim
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1974

[redacted] BIRTH

399-120
042-314

Form V. S. No. 11-C—Rev-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68103

County of Twin Falls

City of Amsterdam

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Baby Triggs

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	4 — 2 — 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville W Triggs	FULL MAIDEN NAME	Esther Camp
RESIDENCE	Amsterdam Ida	RESIDENCE	Amsterdam
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Idaho (Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 9 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

194-209
42-914

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68104

County of Twin Falls

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emerald June Simmons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan. 9 1919

	FATHER	MOTHER
FULL NAME	Chas. H. Simmons	
FULL MAIDEN NAME		Daisy Radcliffe
RESIDENCE	Filer - Route I	Filer - Rout I
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE		
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 a.m. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 4-11-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1953

415-1204-042-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of _____ Registration District No. 37 File No. 68105

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Iva May Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 4 1919

FATHER		MOTHER	
FULL NAME	Van Arthur Daniels	FULL MAIDEN NAME	Marguerite Reese
RESIDENCE	Filer, Idaho	RESIDENCE	Filer Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 11:50 A.M. on the date above stated.

Frank A. Dwight Jr. M.D
(Signature)

(Physician or midwife)

Address Filer, Idaho

Filed April-15-1919

W. F. Pike
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 3 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-122-042-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68106

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____ Madison

FULL NAME OF CHILD Madison McCoy.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 22 1917

FATHER	MOTHER
FULL NAME: Benton Alonzo McCoy	FULL MAIDEN NAME: Willie Cronrath
RESIDENCE: Filer Idaho	RESIDENCE: Filer Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Monet Mo.	BIRTHPLACE: Kenosha Wis
OCCUPATION: Laborer.	OCCUPATION: House Wife

Number of child of this mother, including present birth: Fourth

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. P. M. on the date above stated.

(Signature) Geo. E. Jennings M.D.

(Physician or midwife)

Address Filer, Ida.

Filed April 15-19 W. F. Pike
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 36071

914-268-842-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 37 File No. 68109

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Opal Eileen Ramseyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Mar 8 1919

FATHER

FULL NAME: Homer Frederick Ramseyer

RESIDENCE: Filer Idaho

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Viola May Steimer

RESIDENCE: Filer, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Ohio

OCCUPATION: House wife

Number of child of this mother, including present birth: first. Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 A.M. on the date above stated.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer Idaho

Filed April 15 1919 W. F. Pike

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/24/41

553-104
029-693

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68110

County of Lotah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 68 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MILTON ALVIN NELSON

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Ap. (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Nelson	FULL MAIDEN NAME	Eva Wilson
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7. A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address Kendrick Idaho

Filed 5-10 1919 R. F. Pepple

Julietta Idaho

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. FEB 3 1942
County of Whitman }

Certificate No. 68110

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Milton Alvin Nelson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 4, 1919 (DATE OF EVENT),
in Kendrick, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge of father and mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	ne name	Milton Alvin Nelson

Subscribed and sworn to before me this 31st
day of January 19 42

Notary Public, residing at Palouse, Wash.

My commission expires Sept. 8, 1945
(SEAL)

Signed Eva Nelson Mother
Of Milton Alvin Nelson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Farmington, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of January 19 42

Notary Public, residing at Palouse, Wash.

My commission expires Sept. 8, 1945
(SEAL)

Signed Alfred Nelson Father
Of Milton Alvin Nelson
(SIGNATURE AND RELATIONSHIP TO PERSON OF MAN PREVIOUS AFFIANT.)

Farmington, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By .....
(REGISTRAR'S SIGNATURE)

919 - 213-029-469

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 68111

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Barbara Rains

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Douglas S. Rains	Vivian May Northey
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Michigan	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

(Signature) W. C. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Filed 4-14 1919 R. P. Repple Registrar

Juliaetta Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1973

843-222-029-619

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68

File No. 68112

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Iris Madelnie Hutchison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Apr. 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. W. Hutchison	Blanche I Farnell
RESIDENCE	Juliaetta Ida	Juliaetta Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Idaho	La
OCCUPATION	Section Hand	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 30 P M. on the date above stated.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed 4-30 1919 R. F. Pepper

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1942

JUL 31 1951

OCT 17 195

255-124-029-8.45

PLACE OF BIRTH

County of Lotah

City of Kendrick

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68113

Registration District No. 68

File No. ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Lewis Blaine Keene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Woide Keene	Eva Hunter
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A M. on the date above stated.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho.

Filed 5-10 1919 R.R. Pepple Registrar

Juliaetta Idaho

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-214-030-349

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68114

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Lucille Margaret Bartlett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes.	3 — 14 — 19

	FATHER	MOTHER
FULL NAME	James David Bartlett	FULL MAIDEN NAME Edna Isabelle Turner
RESIDENCE	Butler, Idaho	Butler, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	20 (Years)
BIRTHPLACE	Colorado	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Bratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 10 19 19 M. Deming Greene

Registrar

AUG 24 1942

239-107-630-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68115

County of Lemhi

City of Salmon

Registration District No. 41

File No.

No. ..... St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Cledell Stroud

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) — 7 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Stroud	FULL MAIDEN NAME	Ruth Dalby
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Stratton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Salmon, Idaho

Filed May 10 1919 M. Dering Greene

Registrar

154-205-030-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 41

Primary Registration District No. 2116

File No. 68116

Registered No. .....

FULL NAME OF CHILD Gail H. Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	5 — 5 — 19 9

FATHER		MOTHER	
FULL NAME	Clayton C. Andrews	FULL MAIDEN NAME	Nellie M. Gilster
RESIDENCE	Leadore, Ida.	RESIDENCE	Leadore, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. at 1.40 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. P. Stratton, M.D.

(Physician or midwife)

Address Salmon

Filed May 10 19 19 M. Dunn Greene Registrar

MAY 24 1946

652 - 228 - 030 - 719

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Baker

No. _____ St.

Hospital _____

Registration District No. 41 File No. 68117

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Grace La Vina Webster

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)		y	March 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Jack Webster	Stella Farley
RESIDENCE	Baker	Baker
COLOR	wht	wht
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Wyo	Iowa
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8-10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Address Salem

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1919 M. Deming Greene Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-211-030-962

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68118

County of Lemhi

City of Salmon

No. ..... St.

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lenore Adel Snyder

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 11th 1919

FATHER		MOTHER	
FULL NAME	Alexander Snyder	FULL MAIDEN NAME	Margaret Rose
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) F B Wright M D

(Physician or midwife)

Address Salmon

Filed May 10 19 19 M. Dering Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 19 1966

Amended 3/24/72

449-110-030-766

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68119
Local Reg. No.
Reg. Dist. No. 41

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Roy
b. (Middle): Victor
c. (Last): Durand

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) March (Day) 10, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Victor
b. (Middle):
c. (Last): Durand

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Laura
b. (Middle): May
c. (Last): Goodell

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. S. Wright, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Salmon
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: May 10, 1919
22. REGISTRAR'S SIGNATURE: M. Dering Greene
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:
BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

Use only ... LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH MAR 1 - 1972

BUREAU OF VITAL STATISTICS

RECEIVED RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lemhi

Certificate No. 68119

7 March 1, 1972

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Victor Roy Durand (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Victor Roy Durand	Roy Victor Durand
Birth date	March 10, 1917	March 10, 1919

Subscribed and sworn to before me this 25th day of February, 1972

Frederick Hughes Smoot
Notary Public, residing at Salmon, Idaho
My commission expires 10/1/75
(Seal)

Signed Vanessa Lassiter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1972

Frederick Hughes Smoot
Notary Public, residing at Salmon, Idaho
My commission expires 10-1-75
(Seal)

Signed Jessie Randall
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/27/72 nm

Application to the NEW York Life Insurance Co. gives name as Roy Victor Durand Born March 10, 1919 at Salmon Idaho. Dated Feb. 5, 1944. Viewed by V. S.

Honorable Discharge from Navyof the US gives name as Roy Victor Durand. dated May 19, 1944 at & Farragut, Idaho. Signed by J. J. Murphy, Lt(jg) USNR. Date of birth gives as March 10, 1919 Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

416-220-030-352

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68120

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Joyce Delight Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E Dawson	Lydia Tessington
RESIDENCE	Baker	Baker
COLOR	wht	wht
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Mo	Texas
OCCUPATION	Farmer	Hswf

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1919 M. Deming Greene Registrar

5-Y-CO 38071

MAY 12 1960

296-221-006-394

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68121

Registration District No. 121

File No. .....

Primary Registration District No. 1007

Registered No. 79

FULL NAME OF CHILD Florence Eileen Brooks

Sex of Child Girl

Twin Triplet or other? ✓ and Number in order of birth First (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. E Brooks	FULL MAIDEN NAME	Violet Crump
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Soldier U.S. Army	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Simmons

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Registrar

Filed May 9 1919 Mrs Walter E. Patria
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1959

815-102-006-268

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68122

County of Bingham

City of Blackfoot

No. Wood # 4 St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 80

Hospital

FULL NAME OF CHILD Walter Sprague Haney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter ~~Hayney~~ Haney	FULL MAIDEN NAME	Maud Boyd
RESIDENCE	Moore Idaho	RESIDENCE	Moore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
Blackfoot Ida
(Physician or midwife)

Given names added from a supplemental report.

19 Address Filed May 5, 1919 Mrs Helen E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-202
006-993

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68123

County of Bingham

City of Blackfoot

No. 482 N. Main St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 81

FULL NAME OF CHILD Frances Ruth Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 2 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Herschell Hirshel H Parker	FULL MAIDEN NAME Maude L. Rice
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Tenn.	BIRTHPLACE Penn.
OCCUPATION Plasterer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
Blackfoot Idaho
(Physician or midwife)

Given names added from a supplemental report.

19 Address Registrar
Filed May 5, 1919 Mrs Walter E. Tabor
Filed 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/28/41 L. B.

AUG 6 1942

295-208-006-791

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 157 So. Maple St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68124

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 82

FULL NAME OF CHILD Susan Elizabeth Graham Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 8 1919

FATHER		MOTHER	
FULL NAME	Harry B Kinney	FULL MAIDEN NAME	Cynthia Lee Graham
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
Blackfoot, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mrs Walter E. Cabrie Registrar

Filed May 5 19 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 5 1945

213-125-006-245

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68126

County of Bingham

City of Blackfoot

No. Ward #3 St.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 84

Hospital

FULL NAME OF CHILD William Riley Boling Boling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apl. 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj F Boling	FULL MAIDEN NAME	Acha Burrell
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Mitchell M. D.

Blackfoot Ida (Physician or midwife)

Given names added from a supplemental report.

Address Mrs Walter E. Patrick Registrar

May 5, 1919

MARGIN RESERVED FOR BINDING

X WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-111-006-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68127

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 80

FULL NAME OF CHILD Unnamed Hunnicutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 11 1919

FATHER

FULL NAME Frederick Jobe Hunnicutt

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Colorado

OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Hazel Montgomery

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 30 1919 Mrs. Ruler E. Gabriel
Registrar

719-212-006-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68128

County of Bingham

City of Blackfoot

No. RD #1 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 86

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Lucille Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E. Gardner	FULL MAIDEN NAME	Eva Emiline Stone
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed May 9 1919 Mr Walter E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 19

AUG 9 1944

Amended Feb. 17, 1953

PLACE OF BIRTH

465-111-006-385

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ____ St.

Registration District No. 121 File No. 68129

Hospital ____ Primary Registration District No. 2194 Registered No. 87

FULL NAME OF CHILD THOMAS BARRATT MONSON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Apr. 11, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Henry Monson	FULL MAIDEN NAME	Mary Emma Chrystal
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farming	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

physician
(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 9 1919 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
FEB 14 1953
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 68129

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	female	male
Name	unnamed Munson	Thomas Barratt Monson
Father's name	Munson	Monson
date of birth	Apr. 12, 1919	Apr. 11, 1919

Subscribed and sworn to before me this 12 th day of February, 1953.

Notary Public, residing at Blackfoot, Idaho.
My commission expires Dec. 1, 1956.
(Seal)

Signed Mary Emma Monson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Moreland, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 th day of February, 1953

Notary Public, residing at Blackfoot Idaho.
My commission expires Dec. 1, 1956.
(Seal)

Signed Mrs. W. J. Lindsay
(Signature of Any Credible Person)

Moreland, Idaho.
(Street Address, City, State)

DPH 52-155

615-113-006-269

PLACE OF BIRTH

Amended 10/21/82

Form V. S. No. 11-C—Rev.6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68130

County of Bingham

City of Blackfoot

No. Bch. River SD

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 88

Hospital

FULL NAME OF CHILD Mark Kofoed Fjeldsted

Sex of Child: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Apr 13 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Edgar N. Fjeldsted

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Della Kofoed

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed May 9 19 W. W. Walker E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/17/41 Z.J.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 21 11 05 AM '82

State of Idaho
County of Ada } ss.

Certificate No. 68130
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Mark Kofoed Fjelsted (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr. 13, 1919 (Date of Event)
in Blackfoot, ID Bingham (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Last name of child	Fjelsted	Fjeldsted
Last name of father	Fjelsted	Fjeldsted

Subscribed and sworn to before me this 21st day of October, 1982
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3, 1985
(Seal)

Mark Fjeldsted
Signature of Applicant
6835 State Street
Street Address, City, State
Huntington Park, Ca 90255

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OCT 21 1967

baptism Certificate dated July 26, 1927 states that Mark K. Fjeldsted was baptized in the Logan Temple by Elder J. Arthur Osmond.
Viewed by V.S.

Passport issued July3, 1962 gives name as Mark Kofoed Fjeldsted born April 13, 1919 - birthplace Idaho.
Viewed by V.S.

Death certificate of father Edgar Neils Fjeldsted who died May 19, 1959 at Lynwood, Calif. issued May 25, 1959 by Los Angeles County Health Dept. No # on cert.
Viewed by V.S.

891-218-006-813

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68131

Primary Registration District No. 2194 Registered No. 89

FULL NAME OF CHILD Unnamed Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	—	Yes	Apr 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Z. Hiatt	FULL MAIDEN NAME	Mary Lillian Hales
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	North Carolina	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Ida

Filed May 9 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-119-006-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R D #1 St.

Registration District No. 121

File No. 68132

Primary Registration District No. 2194

Registered No. 90

Hospital

FULL NAME OF CHILD ~~Clarence~~ Virgil Evert Blood

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	Yes	Apr 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Evert Lester Blood	FULL MAIDEN NAME	Peany Winroth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Blackfoot, Ida

19

Filed May 9 1919 Mrs Walter E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 29, 1941 Z.J.

236-119-006-695

PLACE OF BIRTH

Form V. S. No. [illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 68133

No. RD # 1 St.

Primary Registration District No. 2194

Registered No. 91

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Vernal Lester Blood

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Apr 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Evert Lester Blood	FULL MAIDEN NAME	Teaney Winworth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho

Filed May 9 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 19 1960

NOV 25 1942

Certified copy issued Jan. 29, 1941 Z.J.

386-219-006-236

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68134

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. S. University St.

Primary Registration District No. 1007

Registered No. 92

Hospital

FULL NAME OF CHILD ~~Unnamed~~ JEAN LOUISE Thorstenberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laurence N. Thorstenberg	FULL MAIDEN NAME	Alice Josephine Blomquist
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kentucky
OCCUPATION	Stenographer & Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed May 9 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1944

JUL 6 1948

217-121-006-764

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 4 St.

Registration District No. 121

File No. 68135

Primary Registration District No. 2194

Registered No. 93

Hospital ..... VERL L.

FULL NAME OF CHILD ..... Baxter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Apr 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Zimmri Harford Baxter	FULL MAIDEN NAME	Elva Edelia Godfrey
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho

Filed May 9 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 68135

Date Filed JAN 21 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Verl L. Baxter (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 21 1919 (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Baxter	Verl L. Baxter

Subscribed and sworn to before me this 22nd day of January 19 42

M. Kasiska

Notary Public, residing at Lava Hot Springs Ida

My commission expires Jan. 10. 1944. Ida
(SEAL)

Signed Elva Adelia Baxter
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Lava Hot Springs Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of January 19 42

M. Kasiska

Notary Public, residing at Lava Hot Springs

My commission expires Jan. 10. 1944. Ida
(SEAL)

Signed Emmett Hall
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lava Hot Springs, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By .....
(REGISTRAR'S SIGNATURE)

453-225-006-249

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

68135

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 94

FULL NAME OF CHILD Verda May Detton

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James W Detton	FULL MAIDEN NAME	Priest Burt
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed May 9 1919 Mrs Hattie E Patrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 1 1968

FEB 2 7 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 15 12 04 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 68136

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Detton (female) (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on 4/9/1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Detton	Verda May Detton
fathers' last name	Detton	Detton

Subscribed and sworn to before me this 11th day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Lemhi } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1976

Notary Public, residing at Salmon, Idaho
My commission expires 7/21/79
(Seal)

Signed Joyce Bosworth
(Signature of Any Credible Person)

Salmon, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 2/25/76

K

School record from Lemhi County gives name as Verda Detton daughter of James Detton for 1928 was 9 yrs old, viewed by V. S.

Marriage License and Certificate from Idaho gives nameas as Earl Swainston and Verda May Detton. married April 9, 1937. viewed by V. S.

275-226-006-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D.H. St.

Registration District No. 121

File No. 68137

Primary Registration District No. 2194

Registered No. 95

Hospital

FULL NAME OF CHILD Peggy Spencer

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John M. Spencer	FULL MAIDEN NAME	Clifta Mayne
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed May 9 1919 Mrs Thelma E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

959-108-006-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blackfoot

City of Bingham

No. RFD 4 St.

Hospital

Registration District No. 121

File No. 68138

Primary Registration District No. 2194

Registered No. 97

FULL NAME OF CHILD Unnamed Ivie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	April 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jarred Ivie	FULL MAIDEN NAME	Martha Good
RESIDENCE	Bekft RFD 4	RESIDENCE	Bekft RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Dawes MD

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.

19

Filed May 7 1919 Mrs Hallie E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-627-0067653

PLACE OF BIRTH

name added 3/20/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

68139

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. [illegible] St.

Primary Registration District No. 2194

Registered No. 96

Hospital

FULL NAME OF CHILD Arlo Clifford Dance

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr. 27, 1919

FATHER	MOTHER
FULL NAME Philip B. Dance	FULL MAIDEN NAME Celia Williams
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed May 9, 1919 Niles E. Tatum Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-23-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 1 34 PM '81

State of _____ } ss.
County of _____

Certificate No. 68139
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Dance (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-27-19 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Arlo Clifford Dance

Subscribed and sworn to before me this 10th day of March, 1981.
Notary Public, Ronald L Andrew
Residing at Rockford, Idaho
My commission expires 3-23-84
(Seal)

Arlo C Dance
Signature of Applicant
Rt 5, Box 71, Blackfoot Idaho 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1981.
Notary Public, Ronald L Andrew
Residing at Rockford Idaho
My commission expires 3-23-84
(Seal)

Frances D. Murdock
Supporting Signature
Blackfoot RT #5 Box 57
Street Address, City, State

Dance

Certif of Blessing from the LDS Church gives name as Arlo Clifford ~~Dana~~ son of Philip B. Dana and Celia Williams. born April 27, 1919 at ~~Thomas~~ Thomas Idaho. Blessed June 1, 1919. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Clifford Arlo Dance sonof Philip B. Dance and Celia Williams. born April 27, 1919 at Thomas Idaho. Baptized April 30, 1927. viewed by V. S.

769-114-006-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68140

County of Bingham

City of Bekfoot

Registration District No. 121

File No.

No. Behind Sugar factory

Primary Registration District No. 2194

Registered No. 95

Hospital

FULL NAME OF CHILD Manuel Gonsalez

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	X		X	Yes	April 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pascual Gonsalez	FULL MAIDEN NAME	Antonio Mercado
RESIDENCE	Bekft - Behind Sugar fact	RESIDENCE	Bekft - Behind Sugar factory
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	COLOR	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Downs MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed May 7 1919 Wm Walter E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-115-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. Behind factory St.

Hospital

Registration District No. 121

File No. 68141

Primary Registration District No. 2194

Registered No. 99

FULL NAME OF CHILD Unnamed Gonzales

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Apr 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Manual Gonzales	FULL MAIDEN NAME	Mesldes Garcia
RESIDENCE	Behind Sugar factory	RESIDENCE	Behind Sugar factory
COLOR	Y	COLOR	~~[illegible]~~
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborn	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Ida

Filed May 9 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-216-006-229

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68142

County of Bingham

City of Bekfoot

No. E. Broadway St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 100

FULL NAME OF CHILD Leona Lucile Clapp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Apr 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Clapp	FULL MAIDEN NAME	Mary Skinner
RESIDENCE	Bekft. South Broadway	RESIDENCE	Bekft - S. Broadway
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Utah
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~[illegible]~~ Alive at 5:10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

Address Bekfoot Ida

19

Filed May 9 1919 Mrs Hallie E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 4 1970

8-19-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 24 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 68142

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clapp (Name on Original Certificate) who was born (Was Born or Died) on Apr. 16, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Leona Lucile Clapp

Subscribed and sworn to before me this 19th day of August, 1970

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Mary Clapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file - Idaho - # 405285 gives name of mother as Leona Lucille Clapp. Child born April6, 1945.
Viewed by V.S.

Family Bible record gives name as Leona Lucile born April 16, 1919 in Blackfoot, Idaho. Bible Obviously old.
Viewed by V.S.

331-116-006-133

PLACE OF BIRTH amend 12-18-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68143

County of Bingham

City of Bellfoot

No. East Bridge St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 101

FULL NAME OF CHILD Adrian Benjamin Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	April 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Clark	FULL MAIDEN NAME	Cora Allred
RESIDENCE	Bellfoot - E. Bridge	RESIDENCE	Bellft - E. Bridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Ida.

Filed May 9 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-20-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 16 3 31 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 68143
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Clark (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-16-19 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Adrian Benjamin Clark

Subscribed and sworn to before me this 25th day of November, 1981.

Notary Public, Richard M. Court
Residing at Salt Lake City, Utah
My commission expires December 20, 1981
(Seal)

x Dorothy M. Clark
Signature of Applicant

2744 1980 So Sandy, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

LDS Church Cert of Birth gives Adrian Benjamin Clark born 4-16-19 at Blackfoot to William Wallace Clark and Cora Allred . Entered on Record 6-1-19. Viewed by V.S.

DEC 18 1981

Certificate of Eligibility from United States of American Veterans Administration gives Adrian B Clark born 4-16-19. Date of Issue 7-8-64. Viewed by V.S.

699-119-006-448

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of On Reservation

No. P.O. Bekfoot St.

Hospital

Registration District No. 121

File No. 68144

Primary Registration District No. 2194

Registered No. 102

FULL NAME OF CHILD Unnamed Firkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Apr 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Firkins	FULL MAIDEN NAME	Rosina Muhlfirth
RESIDENCE	Bekft - 7 Miles South	RESIDENCE	Bekft - 7 Miles South
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed May 9 1919 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-212-006-662

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68146

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. St.

Primary Registration District No. 1007 Registered No. 104

Hospital

FULL NAME OF CHILD Marie Annie Schoenbein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 12 1919

FATHER		MOTHER	
FULL NAME	Richard Schoenbein	FULL MAIDEN NAME	Marie Fosbender
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 42 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed May 9 1919 Mrs Walter E. Patrie

Registrar

S-Y-CO 38071

613-109-006-869

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

~~Hospital~~ Home

Registration District No. 121

File No. 68147

Primary Registration District No. 2194

Registered No. 105

FULL NAME OF CHILD Grant Fackrell.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			April 9th 1919

FATHER		MOTHER	
FULL NAME	Rodolph Proctor Fackrell.	FULL MAIDEN NAME	Nellie Louise Hoit
RESIDENCE	Pingree.	RESIDENCE	Pingree
COLOR	White. AGE AT LAST BIRTHDAY 43. (Years)	COLOR	White AGE AT LAST BIRTHDAY 34. (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 9th 1919 at 11.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Gnetter R. Louk.

Midwife.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pingree Idaho

Filed May 10 1919 Mrs Walter E. Patrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-213-006-[redacted]

PLACE OF BIRTH [redacted] ...U OF VITAL STATISTICS

...TIFICATE OF BIRTH

68148

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No.

Primary Registration District No. 2194

File No.

Registered No. 106

FULL NAME OF CHILD Velma Devina John

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	April 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Richard John	FULL MAIDEN NAME	Louanita Hoskins
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida.

..... 19....

Filed May 10 1919 Mrs Nalie E. Patrick

Registrar

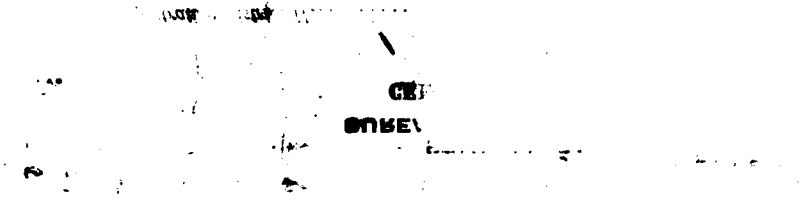
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 17, 1941. E.W.



296-214-006-8

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

68149

County of Bingham

City of Fort Hall

Registration District No. 121

File No.

No. ——, —— St.

Primary Registration District No. 2194

Registered No. 107

Hospital ——

FULL NAME OF CHILD Anna Sybil Brownlee

Sex of Child Female	Twin, Triplet or other? —— and Number in order of birth —— (To be answered only in event of plural births)	Legitimate? yes	Date of birth April (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Myron A Brownlee	FULL MAIDEN NAME	Maggie Hatmaker
RESIDENCE	Fort Hall Idaho	RESIDENCE	Fort Hall Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Fort Hall Idaho

, 19

Filed May 10 1919 Mrs Walter E Patrick Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

249-118-006-854

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68152

County of Bingham

City of Firth

No. ..... St.

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 110

Hospital .....

FULL NAME OF CHILD Eric Harold Burman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	March 18th 1919

FATHER		MOTHER	
FULL NAME	Eric Algot Burman	FULL MAIDEN NAME	Elsie M. Hedberg
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. O. Hamplain M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed May 10 1919 Wm. Hales E. Catron Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JUN 3 194[illegible]

386-131-006-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68153

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 111

FULL NAME OF CHILD Gordon Warren Thomsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mch 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jens B Thomsen	FULL MAIDEN NAME	Carrie N Martensen
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James O Hamplin MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Apr 26 1919 Mrs Walter E. Patrie

Registrar

Registrar

388-205-006-669

Amended 9-3-63

(Be sure the information is complete and accurate)

State File No. 68154
Local Reg. No. 112
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Bonnie b. (Middle): Jean c. (Last): Thyberg

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 5, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Leo b. (Middle): c. (Last): Thyberg

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Sheep Shearer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Gertrude b. (Middle): May c. (Last): Forbes

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. O. Hampton, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Blackfoot, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 10, 1919

20. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. ---

...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Bingham }

Certificate No. 68154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bonny Jean Thyberg (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Bonny	Bonnie
Father's First Name	Not Given	Carl

Subscribed and sworn to before me this 28th day of November 1962

H. H. Williams Notary Public, residing at Blackfoot, Idaho.

My commission expires Jan. 31, 1966

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

345 South Street Blackfoot

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November 1962

H. H. Williams Notary Public, residing at Blackfoot, Idaho.

My commission expires Jan. 31, 1966

(Seal)

Signed [signature] (Signature of Any Credible Person)

191 N. Shelley Blackfoot Idaho.

(Street Address, City, State)

FORM DH 60-155 CL 10-23-62. one copy pd. rec. #18193.

Own Child's Birth Cert. on file: (Idaho Birth) #326335 gives full maiden name of mother as Bonnie Jean Thyberg, age 22, born in Blackfoot, Idaho - viewed by V.S.

Certificate of Award, Bingham County Spelling Contest, School District No. 8, dated March 30, 1928 gives full name of student as Bonnie Jean Thyberg - viewed by V.S. - teacher's name is given as Ruth E. Shira -

(Diphtheria)
Immunization Record, year 1930, given at Irving School Clinic gives full name as Bonnie Jean Thyberg - Dr. J.O. Hampton - viewed by V.S.

rec. letter 8-29-63 requesting that father's name be left as it is -

366-108-006-419

amend 5-11-83

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68155

Primary Registration District No. 1007 Registered No. 113

FULL NAME OF CHILD Keith Marshall Lowder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 8th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard B. Lowder	FULL MAIDEN NAME	Phyllis Marshall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.45 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed May 10 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-1/7/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Colorado
County of El Paso } ss. FEB 14 2 01 PM

Certificate No. 68155
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Kenneth Marshall Lowder (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr. 8, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Kenneth	Keith

Subscribed and sworn to before me this 25th day of January, 1983.

Notary Public, Bonnie J. Ford

Residing at 6 So. Tejon, Tco Spgs, Co 80903

My commission expires My Commission Expires Nov. 8, 1986

(Seal)

Keith M. Lowder
Signature of Applicant

2311 No. Prospect-Colo. Springs, Colo. 80907
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of Feb, 1983.

Notary Public, Joan L. F. Doman

Residing at Anchorage, Ak.

My commission expires 10-22-86

(Seal)

Accepted

Boston R. Lowder
Supporting Signature

Box 1335 Big Lake, AK 99687
Street Address, City, State

Rush (applicant's older brother)

Honorable Discharge from U.S. Army gives Keith M Lowder born April 8, 1919 in Blackfoot, Idaho was discharged 12-22-42. Viewed by V.S.

Notarized statement from School District No. 12 Beaverhead County, Montana census dated Oct 13, 1926 lists Keith Lowder born April 8, 1919 parents listed as Richard Barton Lowder and Phyliss Sarah Lowder. Viewed by V.S.

336 - 228-014-613

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Canyon

City of Wilder

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 68156

Primary Registration District No. 2007

Registered No. 39

FULL NAME OF CHILD Ellen May Loyde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 28th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Loyde	FULL MAIDEN NAME	Mary Ellen Waldren
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 48 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Otter Tail Co., Minn.
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. L. Newell

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Wilder, Idaho

Filed Apr. 30 1919 Lulu Waldron Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

613-124-014-195

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68157

County of Canyon

City of Wilder

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2007

Registered No. 38

FULL NAME OF CHILD LAWRENCE ARNOLD WATSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Watson	FULL MAIDEN NAME	Dorothy Arnold
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oketo, Kansas	BIRTHPLACE	Iuka, Illinois
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed Apr 30 1919 Luly Nichols Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 68157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Death~~ Birth (Birth or Death)
for Lawrence Arnold Watson (Name on Original Certificate) who was born (Was Born or Died) on Apr 24 - 1919 (Date of Event)
in Wilder Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lawrence Arnold Watson

Subscribed and sworn to before me this 5 day of October, 1942

P Cleaper
Notary Public, residing at Nampa Ida

My commission expires 9/28/43
(Seal)

Signed L M Watson (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of October, 1942

P Cleaper
Notary Public, residing at Nampa Idaho

My commission expires 9/28/43
(Seal)

Signed Dorothy A Watson (Mother)
(Signature of Any Credible Person Other Than Previous Year)

Caldwell Idaho RT #1
(Street Address, City, State)

OCT 7 1942

OCT 8 1942

168-207
014-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 9

File No. 68158

No. ____ St.

Primary Registration District No. 2007

Registered No. 97

Hospital ____

FULL NAME OF CHILD EDITH Margaret John

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—	—	—	Yes	Jan. 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Arthur L. John	FULL MAIDEN NAME: Myrtle Dickerson
RESIDENCE: Parma R. 3	RESIDENCE: Parma R 3,
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address ____

Filed 4-10 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 68158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Margaret Johns (Name on Original Certificate) who Born (Was Born or Died) on April (Birth or Death) (Date of Event) in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Margaret Johns	Edith Margaret John
name of father	Arthur L. Johns	Arthur L. John

Subscribed and sworn to before me this 8th day of August, 1942.

Ernest Anderson

Notary Public, residing at Parma, Idaho.

My commission expires Feb. 11, 1946
(Seal)

Signed Myrtle John Walmsley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

236-214-014-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-37

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital At Home

Registration District No. 9

Primary Registration District No. 1007

File No. 68169

Registered No. 86

FULL NAME OF CHILD Myrla Doris Sloan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 14 1919

FATHER		MOTHER	
FULL NAME	Burt Sloan	FULL MAIDEN NAME	Mary F. McCord
RESIDENCE	Parma, Idaho	RESIDENCE	Parma, Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mich.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 6 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 17 1919 Charles Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

459-203-014-296 Child's name added 10-25-06 NS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D.

Registration District No. 3

File No. 68160

No. ..... St.

Primary Registration District No. 2007

Registered No. 35

Hospital .....

FULL NAME OF CHILD LORNA BELL MERRELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	4	Yes	Apr 3 1919

FATHER		MOTHER	
FULL NAME	Joseph Merrell	FULL MAIDEN NAME	Sarah D. Delva Brown
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 5/10 1919 Louise Waldron Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RECORD must be made for each and the number of each, in order of birth, [illegible]

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 19-68160
Date Filed May 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for baby girl Merrell (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 3, 1919 (Date of Event)
in Parma (Canyon Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Lorna Bell Merrell
Mother's given name	Delva	Sarah D.

Subscribed and sworn to before me this 18th day of October, 2006
Notary Public, [signature]
Residing at SLC, UT.
My commission expires June 29, 2009
(Seal)

NOTARY PUBLIC
ERIC PAGE
10625 S 1300 E
SANDY, UT 84094
My Commission Expires June 29, 2009
State of Utah

Lorna Bell Merrell Wells
Signature of Applicant

625 E 11000 S Apt. 105 Sandy Utah 84070
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

09-22-06

OR BC FOR LARRY JAROME WELLS BORN 01-05-42 IN ONTARIO (MALHEUR CO) SHOWING MOTHER'S NAME AS LORNA BELL MERRELL VIEWED BY VS

UT MARRIAGE CERT FOR GERMAN RAY WELLS AND LORNA BELL MERRELL MARRIED 09-24-37 IN THE SALT LAKE TEMBPLE VIEWED BY VS

ID BC 22-105506 FOR AVON DARELL MERRELL BORN 09-25-22 IN CAREY (BLAINE CO) SHOWING MOTHER'S NAME AS SARAH D BROWN VIEWED BY VS

ID DC 63-2993 FOR SARAH DELILIA MERRELL WHO DIED 07-05-63 IN CALDWELL (CANYON CO) VIEWED BY VS

296 - 115 - 014 - 314

PLACE OF BIRTH

County of Canyon

City of Parma R.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 68161

Primary Registration District No. 2607 Registered No. 24

FULL NAME OF CHILD ... Mason Oliver Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	yes	Apr 15 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Brown	Emma Campbell
RESIDENCE	Parma R.D.	Parma R.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	41
BIRTHPLACE	Ore.	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born ..... at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. M. Mitchell
(Physician or midwife)

Address .....

..... 19.....
Registrar

Filed 5/10 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/13/41 L. B.

FEB 24 1960

213-202-014-897

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68162

County of Canyon

City of Parma R.D.

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 33

Hospital

FULL NAME OF CHILD Dorthy Iva Sale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	Apr 2 1919

FATHER		MOTHER	
FULL NAME	Francis M Sale	FULL MAIDEN NAME	Hazel Higgins
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~Neb~~ Kan.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 5/10 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1966

AUG 12 1957

296-111-014-238

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 68163

Primary Registration District No. 2007 Registered No. 32

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Apr 11 1919

FATHER		MOTHER	
FULL NAME	Thomas Brown	FULL MAIDEN NAME	Julia Scheffknecht
RESIDENCE	Parma R.D.	RESIDENCE	Ill. Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ore	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 5/10 1919 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-222-014-396

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 8

File No. 68164

Primary Registration District No. 1007

Registered No. 31

FULL NAME OF CHILD ..... Glee Mariam Kilmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	Apr. 22 1919

FATHER		MOTHER	
FULL NAME	Freeman Kilmer	FULL MAIDEN NAME	Hazel Crowe
RESIDENCE	Parma.	RESIDENCE	Parma
COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/10 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Announcement of childs birth gives name as Glee Miriam Dated April 23, 1919. Viewed by Vs. Own childs birth certificate gives name as Glee Mariam Kilmer. Dated April 14, 1947.
On file in Idaho, viewed by VS.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68164

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kilmer (Name on Original Certificate) who born (Was Born or Died) on April 22, 1919 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Glee Mariam Kilmer

Subscribed and sworn to before me this 6 day of Sept., 1960

Notary Public, residing at Nampa Ida.
My commission expires 2-12-61
(Seal)

Signed Hazel M. Kilmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Sept., 1960

Notary Public, residing at Nampa Ida.
My commission expires 2-12-61
(Seal)

Signed Anna M. Lessinger
(Signature of Any Credible Person)

423- 17th Ave S Nampa Ida
(Street Address, City, State)

FORM DH 60-155 CL 8-26-60. nm

SEP

281-127-014-433

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 68165

Primary Registration District No. 2007

Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Mar. 27 1919

FATHER		MOTHER	
FULL NAME	George W. Sharp	FULL MAIDEN NAME	Mertie McTyre
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Lulu Waldrop
Registrar

Address .....

Filed ~~May~~ 20 1919 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-206-005-23

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-18

[redacted] IDAHO
BU[redacted]AL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Chatcolet

No. ..... St.

Hospital .....

Registration District No. 46 File No. 68166

Primary Registration District No. 2123 Registered No. 67

FULL NAME OF CHILD Jeanette, Fellon.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel, Walter, Fellon.	FULL MAIDEN NAME	Elizabeth, Laura, Glore
RESIDENCE	Chatcolet, Idaho.	RESIDENCE	Chatcolet, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Canton, Penna.	BIRTHPLACE	Milan, Missouri
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth (6) Six Number of children of this mother now living, including present birth (5) Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5-30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Herrington, Accoucheur. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho.

Filed 5/10 1919 S. G. Jaeger Registrar

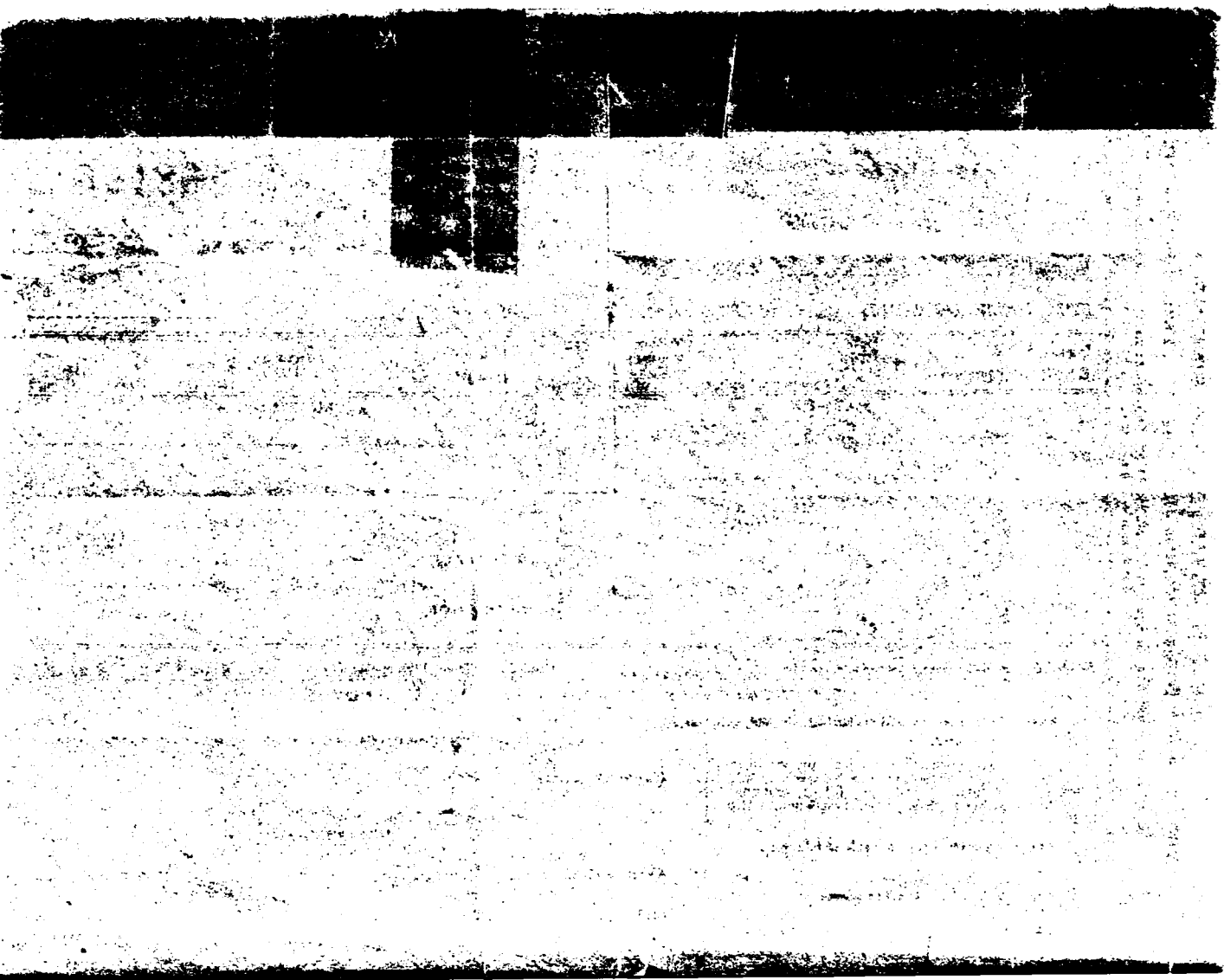
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-129-029-235-

PLACE OF BIRTH Amended 6/27/78

STA[redacted]
BUREAU O[redacted]TISTICS
CERTI[redacted]

Form V. S. No. 11-C—25m-9-8-15

County of Latah

City of Kendrick

Registration District No. 68

File No. 68167

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy Glen Fairfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Fairfield	FULL MAIDEN NAME	Meta Stevens
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed 5-10 1919 R. F. Pepple

Registrar

Registrar

Julietta Idaho

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 68167

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Fairfield (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1919 (Date of Event)

in Kendrick, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	April 29, 1919	~~April 19, 1919~~
child's name	Unnamed	Roy Glen Fairfield
mother's maiden name	Neta Stevens	Neeta Melissa Stevens

Subscribed and sworn to before me this 4 day of May, 1978

William J. Jones

Notary Public, residing at Lewiston, Idaho 83501

My commission expires May 28 1978

(Seal)

Signed Neeta Melissa Fairfield

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1402 Idaho St. Lew Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed Eileen Needham

(Signature of Any Credible Person)

1115 N. 11th St Coeur d'Alene, Id

(Street Address, City, State)

FORM DH 60-155

CL 4/25/78 ret'd $3 check

Life ~~insurance~~ Insurance policy from U. S. of America National ~~Li~~ Service Life Insuranc policy gives name as Roy Glen Fairfield. dated 4-26-49 Policy No. 1210 24 13. viewd by V. S.

JUN 2 8 1978

Honorable Discharge from the U.S. Army gives name as Roy G. Fairfield born ~~XXXXXXXXXXXX~~ April 29, 1919 at Kendrick, Idaho. date of separation June 14, 1945 at Fort Douglas. viewedby V. S.

V

343-120-042-969

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68211

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD William Kenneth Tucker.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	— (To be answered only in event of plural births)		—	Yes.	Feb. 20 1919.

FATHER	MOTHER
FULL NAME: James Milton Tucker	FULL MAIDEN NAME: Lula Ellen Rorex.
RESIDENCE: Burley, Idaho.	RESIDENCE: Burley, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 32. (Years)
BIRTHPLACE: N. Carolina.	BIRTHPLACE: Texas.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: First. Number of children of this mother now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Frank A. Davis M.D.

(Physician or midwife)

Address Filer, Ida.

Filed April 15 1919 W. F. Pike Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-207
042-156

PLACE OF BIRTH

Form V. S. No. M-D-25m-9-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida.

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 68212

Registered No. .....

FULL NAME OF CHILD Carter, Berniece

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr. 7 1919

FATHER		MOTHER	
FULL NAME	Harvey R Carter	FULL MAIDEN NAME	Nellie L Jeffries.
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Auto Mechanic	OCCUPATION	HW fe-

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C D M Gimmis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed 5/6 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1952

415-108
042-955

PLACE OF B .n

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68213

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital ..... Twin

FULL NAME OF CHILD ..... LeRoy Manning Manning

Sex of Child Male | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb 8 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	John Wesley Manning	FULL MAIDEN NAME	Dollie Reece
RESIDENCE	Twin Falls Idd	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY 44 (Years)	COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Jacksonville Ore	BIRTHPLACE	Mountain View Okla
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C W Greene
Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 6 19 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-117-04 [illegible]19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]-17

68214

Registration District No. 37 File No. [illegible]

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Sidney Lessis Boyd .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 17 1919

FATHER		MOTHER	
FULL NAME	David Ogden Boyd	FULL MAIDEN NAME	Alice Marie Barnard
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	R. R. Station Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6.0 1951

613-219-042-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 602 - 2nd ave s St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68215

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Mary Josephine Watters

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth April 19 1919 (Month) (Day) (Year)

FATHER

FULL NAME Joseph Ernest Watters

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Nebraska

OCCUPATION

MOTHER

FULL MAIDEN NAME Mary Josephine White

RESIDENCE Twin Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE New York

OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Worden

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 1919 W. H. Pike Registrar

415-130-042-933

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68216

County of .....

City of Twin Falls

No. 701 - 3rd N Ave

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD ~~Danilson~~ LOVELL WILLIAM DANILSON, JR.

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Apr 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lovell W Danilson,	FULL MAIDEN NAME	Isabella Illum
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	white. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Conchet

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed May 3 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of MULTNOMAH }

Certificate No. 68216

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for LOVELL WILLIAM DANILSON, Jr. (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 30th, 1919, (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Doctor's report (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lovell Wm. Danilson, Jr.

Subscribed and sworn to before me this 11th
day of December, 19 42

Kenneth Mutch
Notary Public, residing at Portland, Oregon

My commission expires [illegible]
(SEAL)

Signed Isabella Danilson (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

12433 S. E. Holgate St., Portland, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of MULTNOMAH }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of December, 19 42

Kenneth Mutch
Notary Public, residing at Portland, Ore.

My commission expires [illegible]
(SEAL)

Signed L. W. Danilson (Father)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

12433 S. E. Holgate, Portland, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 15 1942

553-118-042-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 618 2nd ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68217

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Robert Lewis Nelson

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth April 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis N. Nelson	FULL MAIDEN NAME	Belle Winjum
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Cement worker	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 3 1919 W. F. Pike

Registrar

MAR 11 1969

692-219-042-743

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 460-8th East St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68218

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Boby Wesshock MARJORIE THELMA

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	4-19-1919

FATHER		MOTHER	
FULL NAME	Gustav Wesshock	FULL MAIDEN NAME	MARY Agnes Puckett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Shipyard Helper	OCCUPATION	Housewife

Number of child of this mother including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May-9-1919 W. F. Pike Registrar

863-201-042-613

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 428 5th ave north

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

68219

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Baby Hollingsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	April 1 1919

FATHER

FULL NAME Arthur Hollingsworth

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Indiana

OCCUPATION Furniture Salesman

MOTHER

FULL MAIDEN NAME Ruth Wales

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) H. H. Leete M.D.

Twin Falls Ida (Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

Address .....

Filed May 9 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 68219.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for no name Hollingsworth (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 1st 1919 (DATE OF EVENT) in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Uncle (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 8th 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elma Ruth Hollingsworth

Subscribed and sworn to before me this 8th day of February, 19 43.

Notary Public, residing at Twin Falls, Ida

My commission expires June 1st 1945
(SEAL)

Signed Elmer Hollingsworth
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

235.9th ave N. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 19 43.

Notary Public, residing at Twin Falls, Ida

My commission expires June 1st 1945
(SEAL)

Signed George C. Wiley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Twin Falls Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on Feb. 8. 1943 By
(REGISTRAR'S SIGNATURE)

FEB 13 1943

133-225-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

68120

Registration District No. 37

Primary Registration District No. 1285

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... ETTA MARGARET ALLSBERRY

Sex of Child: female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: April (Month) 25 (Day) 191.9 (Year)

FATHER

FULL NAME: Norman J Allsberry

RESIDENCE: Twin Falls, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Ind.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Flossy J Smith

RESIDENCE: Twin Falls, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver M.D.

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 1919 W. H. Pike Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 68220

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Etta No Name Margaret Allsberry (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on April 25, 1918 (DATE OF EVENT)

in Twin Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Etta Margaret Allsberry

Subscribed and sworn to before me this 14 day of August, 1942

Ralph E Parrott

Notary Public, residing at Huntington Park Cal

My commission expires My Commission Expires April 26, 1944.

(SEAL)

Signed Flossie J Allsberry

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2406 Grand Ave Huntington Park Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28, day of August, 1942

Ralph E Parrott

Notary Public, residing at Huntington Park Cal.

My commission expires

(SEAL)

Signed N J Allsberry

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2406 Grand Ave - Huntington Park. Cal

(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 31 1942 By

(REGISTRAR'S SIGNATURE)

JUN 9 1943 SEP

392-167-0062

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-5-17

68221

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. [redacted]

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lisenbee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin		yes	April 17 1919

FATHER		MOTHER	
FULL NAME	Lonnie Lisenbee	FULL MAIDEN NAME	Ethel Almeda Thames
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Texas
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

Filed May 2 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-117-042-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68222

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Lissenbee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin		yes	April 17 1919

FATHER		MOTHER	
FULL NAME	Lonnie Lissenbee	FULL MAIDEN NAME	Ethel Almeda Thames
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Filed May 2 19 19 W. F. Pike Registrar

753 - 121 - 042

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-4-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68223

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 71

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Wilford Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 21 1919

FATHER

FULL NAME: Stephen L. Peterson

RESIDENCE: Twin Falls, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Mass.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Dora Frances Black

RESIDENCE: Twin Falls Ida.

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Mass.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Reamer

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 19 19 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1962

366-116-042-391

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 120 6th av. N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

68224

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD ~~Frederick~~ Richard George Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred. L. Cooper	FULL MAIDEN NAME	Edna Crater
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed May 3 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 28 1942

3886 - 110 - 042 - 154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 514 3d ave W. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-17

68225

Registration District No. 37

Primary Registration District No. 1185

File No.

Registered No.

FULL NAME OF CHILD Lyons

Sex of Child Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth April 10 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME Floyd. W. Lyons

RESIDENCE Twin Falls Ida

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Agnes J. Anderson

RESIDENCE Twin Falls. Ida.

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa.

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2 35 PM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 3 1919 W. H. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

68026

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. So Pack Add St.

Registration District No. 37

File No. [illegible]

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Drake, Francis Merril

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Apr 5 1919

FATHER		MOTHER	
FULL NAME	Harry A Drake	FULL MAIDEN NAME	Irene E Couzens
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchet

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Idaho

Filed May 3 1919 W. F. Pike

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
JUN 8 1954
JAN 18 1961

5/4/41 L. B.

818-122-042-914

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted]27

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Haydon

Sex of Child	Twin ~~Triplet or other~~? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	2	Yes	4 22 1919

FATHER		MOTHER	
FULL NAME	Henry Haydon	FULL MAIDEN NAME	Zella Radcliffe
RESIDENCE	TF	RESIDENCE	T.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ind
OCCUPATION	Francis	OCCUPATION	Hus

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4-50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Masson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address T F

Filed May 5 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

O-REMOVED NAME (CLETA F.) FROM CERT-WRONG CERT HAD NAME ADDED IN 1985. SEE CERT 1919-68244. 05-17-2011 PJR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-124-042-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68228

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No.

No. ..... St. — Primary Registration District No. 1085 — Registered No.

Hospital Boyd

FULL NAME OF CHILD Robert Fredrick Kipper.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4 24 1919

FATHER	MOTHER
FULL NAME: Fredrick J. Kipper.	FULL MAIDEN NAME: Inez F. Shaw.
RESIDENCE: Twin Falls Idaho. Rex Arms Apts	RESIDENCE: Twin Falls, Ida. Rex Armes Apts.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Phoebas, Va.	BIRTHPLACE: Caldwell, Idaho.
OCCUPATION: Salesman, Manager.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive April 24th 1919 at 12.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Idaho

Filed April 26 1919 W. F. Pike
Registrar

297-202-042-785

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls Co.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68229

Registration District No. 37 [redacted]

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Eileen Bracken

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. (Month) 2 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Elden G. Bracken	FULL MAIDEN NAME Goldie Irene Pennock
RESIDENCE Twin Falls Ida 132 - 3rd Ave N.	RESIDENCE Twin Falls, Ida 132 - 3rd Ave. N
COLOR white AGE AT LAST BIRTHDAY 22 (Years)	COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Barnard Kan	BIRTHPLACE Boulder, Colo.
OCCUPATION Merchant	OCCUPATION ~~Telephone opr~~ Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Physician

Filed 4-11-1919 W. F. Pike Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1965

219 - 219-842-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68230

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Alice Jane Barkes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan. 17 1919

FATHER		MOTHER	
FULL NAME	Charles Barkes	FULL MAIDEN NAME	Susie Murray
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New York	BIRTHPLACE	North Dakota
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) Chas. P. Scott

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-11-1919 W. F. Fike

Registrar

1947

365-105-042-256

PLACE OF BIRTH

Form V. S. No. 16-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68231

County of Twin Falls

City of Twin Falls

No. 435 - 4th Av. No.

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Paul Edward Conover

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	4. 5 1919

FATHER	MOTHER
FULL NAME Charles Conover	FULL MAIDEN NAME Vera Brown
RESIDENCE Twin Falls Idaho	RESIDENCE Twin Falls Idaho
COLOR wh AGE AT LAST BIRTHDAY 27 (Years)	COLOR wh AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive April 5th 1919, at 4:50 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 4-11-1919 W. F. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1945

255-126-042-253

PLACE OF BIRTH

[redacted] 8232

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Norman Jay Kuiper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	yes	March 26 1919

FATHER	MOTHER
FULL NAME: Norvin Kuiper	FULL MAIDEN NAME: Vernetta Selletrom
RESIDENCE: Twin Falls Idaho	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Montana
OCCUPATION: Hotel Business	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address

Filed April 11 1919 W. F. Pike Registrar

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1944

695-103-042-799

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. Reg. 11-C—Rev. 6-8-17

68233

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ..... Ralph V. Fink .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Apr 3 1919

FATHER		MOTHER	
FULL NAME	LeRoy D. Fink	FULL MAIDEN NAME	Edith Price
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd M.D.
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 10 1919 W. F. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1968

693-130-042-692

Form V. S. No. 11-C—25m-9-8-17

68234

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Lee Richard Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 30 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Jay Richard Williams	FULL MAIDEN NAME	Lillian Blanch Fisher
RESIDENCE	Hollister Ida.	RESIDENCE	Hollister - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

Filed 7-11- 1919 W. F. Pike
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1965

366-209-042-646

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68235

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Winifred Elizabeth Cooney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. James Cooney	Catherine O'Connell
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	30
BIRTHPLACE	Colorado	Ireland
OCCUPATION	plumber	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 4-11-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-117-042-154

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

68236

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .... Geo. Lyman Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	(Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan. 17 1919

FATHER		MOTHER	
FULL NAME	James H. Moore	FULL MAIDEN NAME	Bessie Anderson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	well driller	OCCUPATION	housewife

Number of child of this mother, including present birth .... 5 .... Number of children of this mother now living, including present birth .... 5 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 7P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4-11- 19 19 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-213-042-365

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68237

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gerald T. Hunt	Elpha Cocault
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Missouri	Iowa
OCCUPATION	barber	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. T. Scott

(Physician or midwife)

Address Twin Falls, Ida.

Filed 7-11- 1919 W. F. Pike

Registrar

AUG 4 1943

229-116-042-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68238

Registration District No. 37 File No. [illegible]

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Ellis Horsley Skinner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		X	yes	4 (Month) – 16 (Day) – 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Brigham Skinner	FULL MAIDEN NAME	Alice Horsley
RESIDENCE	271 Harrison ave Twin Falls Ida	RESIDENCE	271 Harrison ave Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Paris, Ida	BIRTHPLACE	Soda Springs, Ida
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cesarean — alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Wm Cott

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed April 25 1919 W. F. Pike
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-102-042-665

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. So. Park St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68240

Registration District No. 37 File No. [redacted]

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Joseph Malin Cheney ~~Brooks~~

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	Yes	April 2 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Cheney	FULL MAIDEN NAME	Maude Owens
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 15 till 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M. D. (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April-9-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

85-9-224-042-819

Amended 8-3-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68242
Local Reg. No.
Reg. Dist. No. 37

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lois

b. (Middle): Juanita

c. (Last): Heitler

4. SEX: F.

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 4 - 24 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Arthur

b. (Middle): W.

c. (Last): Heitler

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Colo.

10. USUAL OCCUPATION: Dentist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Dessie

b. (Middle):

c. (Last): Harris

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Colo.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. S. Wassan

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 5, 1919

22. REGISTRAR'S SIGNATURE: W. F. Pike

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Contra Costa } ss.

Certificate No. 68242

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Heitley (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by school records (Bible Record, Insurance Policy, Etc.) prepared on June 25, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Heitler
Full Name of Father	Arthur W. Heitley	Arthur W. Heitler

Subscribed and sworn to before me this 10th day of July, 19[illegible]

Notary Public, residing at Richmond, California
My commission expires Jan. 3, 1969
(Seal)

Signed Dessie Heitler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4524 North 8th St., Phoenix, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3-9-66. nm

Copy of Divorce Decree, dated Sept. 7, 1921 gives full name of plaintiff as Dessie Heitler and full name of defendant as A. W. Heitler - viewed by V.S.

Los Angeles High School Diploma, dated June 25, 1937 at Los Angeles, California gives full name as Lois Juanita Heitler - viewed by V.S.

Certificate of Marriage, State of California, County of Los Angeles, dated Nov. 27, 1942 gives full name of groom as John Edward Hansen and full name of bride as Lois Juanita Heitler - viewed by V.S.

386-106-042-512

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68243

Registration District No. 37 File No. ....

Primary Registration District No. 1085 Registered No. ....

FULL NAME OF CHILD ..... Patrick Francis Thomey ..... Thomey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 6 1919

	FATHER	MOTHER
FULL NAME	Henry Thomey	FULL MAIDEN NAME Margaret Nash
RESIDENCE	T F	T F
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Arkansas	Wisconsin
OCCUPATION	Baker	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. S. Wassan

(Physician or midwife)

Address T F

Filed May 5 1919 W. H. Pike Registrar

818-222-042-914

PLACE OF BIRTH NAME ADDED 2/5/85 TLC

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68244

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD CLETA F. HAYDON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	Twin		1	Yes	4 (Month) 22 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Haydon	FULL MAIDEN NAME	Jella Radcliffe
RESIDENCE	T.F.	RESIDENCE	T.F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ind
OCCUPATION	Teamster	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Masson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address T.F.

Filed May 5 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

O-NAME WAS ADDED TO WRONG CERT (1919-68227) ON 2/5/85. ADDED ANME TO THIS (CORRECT) CERT ON 05-17-2011. PR

1/18/1985 Rush!

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
FEB 5 8 28 AM '85

State of Colorado
County of Denver } ss.

Certificate No. 68244
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Haydon (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr. 22, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Cleta Florence Haydon

Subscribed and sworn to before me this 29 day of January, 1985

Notary Public, _____

Residing at 6963 S Prescott St Littleton

My commission expires My Commission Expires June 11, 1987

(Seal)

1584 California Street
Denver, Colorado 80217

x Cleta F Haydon
Signature of Applicant

Cleta F Haydon
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage recors from Denver, Colorado gives names as Douglas G. Eberlein and Cleta F. Haydon. dated Oct. 26, 1971. viewed by tlc

Paym.record with New York Life Ins. Co. gives name as Cleta Haydon dated 12-12-77. viewed by VS.

FEB 5 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Ida

City of Twin Falls

313 - 222 - 042 - 294

No. ..... St.

Registration District No. 37

Primary Registration District No. 1085

File No. 68245

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Calvert

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of Birth: July 22 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	John Calvert	FULL MAIDEN NAME	Ethel Rimpton
RESIDENCE	France	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Utah
OCCUPATION	Soldier	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 05 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. M. Simmons

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 6 1917

W. H. Pike

Registrar

Form V. S. No. 11-O—[illegible]

HO
TATISTICS
BIRTH

File No....

Registered

.....

Date of
Birth.....
(Mo

MOTHER

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 68245

County of Washington } NOV 17 1943 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Louise Calvert, (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Louise Calvert
Date	feb. 9th	Feb. 22, 1919

Subscribed and sworn to before me this 15th, day of November 1943

Joe T Gallagher

Notary Public, residing at Weiser Idaho,

My commission expires 9-10-47,

(Seal)

Signed John Calvert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th, day of November 1943.

Joe T Gallagher

Notary Public, residing at Weiser Idaho

My commission expires 9-10-47

(Seal)

Signed Mrs Myrtle Outcelt

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 18 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

V. S. No. 68 [redacted]

County of Twin Falls Ida

City of Twin Falls Registration District No. 37 File No. [redacted]

No. 336 6th Ave W. St. 68246

4019-128-042-264 Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Thurman

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mar 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Thurman	FULL MAIDEN NAME	Emma Bouelon
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY 37 (Years)	COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C M Grimes Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 31 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. R R St.

291-121-014-334

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD X Edwin James Brandt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	April 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman L Brandt	FULL MAIDEN NAME	Grace Clum
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	62	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Nampa Idaho

Filed May 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

58247

DEC 7 1961

245-207-014-962

PLACE OF BIRTH 1 City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68248

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. 209-7th Ave. S. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Billie Cecilia Buettner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	x	x	yes	April 7 1919

FATHER

FULL NAME R. J. Buettner

RESIDENCE Nampa Ida

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Penna.

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Frances Rossen

RESIDENCE Nampa Ida

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Penna

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-205-014-199 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1520, 2nd St S St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68249

Registration District No. 7 File No. [redacted]

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x (To be answered only in event of plural births)	x	yes	April 5 1919

FATHER	MOTHER
FULL NAME S. D. Bundy	FULL MAIDEN NAME Helen T. Ames
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Kansas
OCCUPATION Car foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D. (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report. ..... 19.....

..... Registrar

Filed May 10 1919 Pearle Dodds Registrar

S-Y-CO 38071

751-203-014-792 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68250

Registration District No. 7

File No. [illegible]5

Primary Registration District No. 2 086

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	April 3 (Month) (Day) 191[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carroll Pearson	FULL MAIDEN NAME	Pearl Gibson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7[illegible] P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1972

693-128-837

PLACE OF BIRTH [redacted] Country

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68251

County of Owyhee

City of Bruneau P.O.

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	yes	April 28 1919

FATHER		MOTHER	
FULL NAME	Geo P. Wilder	FULL MAIDEN NAME	Alma B. Gifford
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 10 19 19 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-222-014-439 Canyon [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68252

County of Canyon

City of Nampa

No. R. R. No 3 St.

Registration District No. 7 File No.

Primary Registration District No. 2506 Registered No.

Hospital

FULL NAME OF CHILD Ruby Ellen Arzt.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	× (To be answered only in event of plural births)	×	yes	April 22 1919

FATHER		MOTHER	
FULL NAME	Floyd Arzt.	FULL MAIDEN NAME	Isabel McInroy
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 10 1919 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 68252
County of Yakima } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ruby Ellen Arzt (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1919 (Date of Event) in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on March 5, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Arzt	Ruby Ellen Arzt

Subscribed and sworn to before me this second day of May, 1945

Roland L. Hunter
Notary Public, residing at Yakima
My commission expires 1-16-49
(Seal)

Signed Mrs Isabell Arzt mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. 8. Yakima. Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this second day of May, 1945

Roland L. Hunter
Notary Public, residing at Yakima
My commission expires 1-16-49
(Seal)

Signed Joseph S. McMroy
(Signature of Any Credible Person)
R 7. Yakima, Wash.
(Street Address, City, State)

MAY 7 1945

168-115-014-259

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 2003 2nd St. S.

Hospital

City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

68253

Registration District No. 7

Primary Registration District No. 1806

File No.

Registered No.

FULL NAME OF CHILD Frank Finley Joyner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	yes	April 15 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Frances Joyner	FULL MAIDEN NAME	Ada Bernard
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Mgr. Cat Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-25 P. M. on the date above stated.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed May 10 1919 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-212-014-945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68254

PLACE OF BIRTH

County of Canyon

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 1086 Registered No. .....

FULL NAME OF CHILD Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Apr 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallis J. Turner	Martha Trumbauer
RESIDENCE	Kuna	Kuna
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Carpenter	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 10 1919 Pearle Dodds Registrar

S-Y CO. 24699

168-216-037-265

[redacted]

Form V. S. No. 11-C—25m-1-1-18

68255

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Owyhee

City of Oreana

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Mildred Elizabeth Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Feb 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Johnson	FULL MAIDEN NAME	Clara Swensen
RESIDENCE	Oreana	RESIDENCE	Oreana
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Rancher-stockman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed May 10 1919 Pearle Dodds
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 20 19[illegible]

251-217-014-915

Form V. S. No. 11-C—25m-1-1-18

[redacted] IDAHO
[redacted] VITAL STATISTICS
[redacted]ATE OF BIRTH

68256

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 1006

File No. [redacted]

Registered No. .....

FULL NAME OF CHILD Knapp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel R Knapp	FULL MAIDEN NAME	Mabel Randall
RESIDENCE	Nampa, 20th and 16th S.	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington State	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

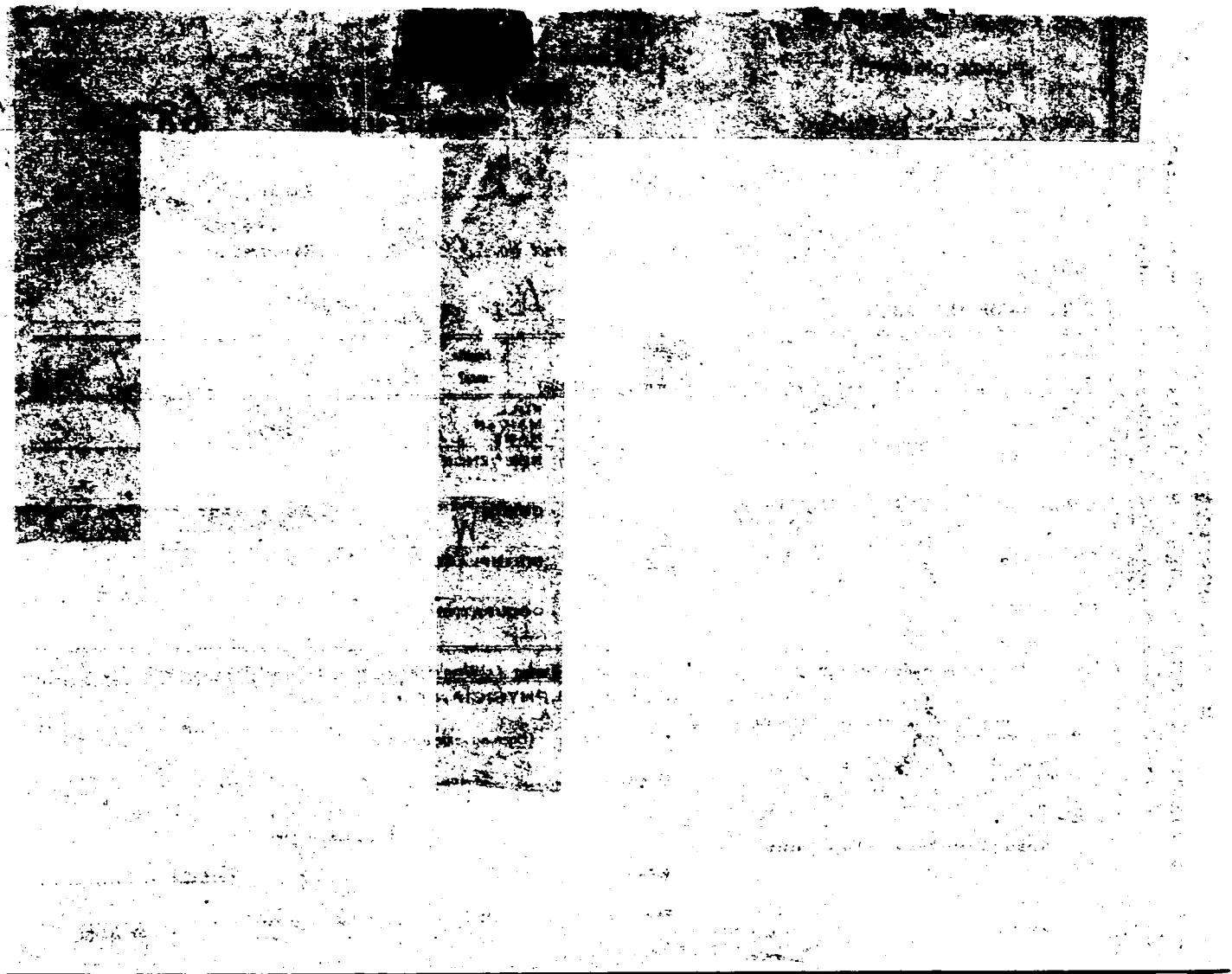
Filed May 10 1919 Pearle Dodds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



613-230-037 253

Form [illegible] No. 11-C—25m-1-1-13

PLACE OF [illegible]

[illegible] STATISTICS

County of Owyhee

City of Wilson

Registration District No. 7

File No. 68257

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Willa Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Seneca Walker	FULL MAIDEN NAME	Elizabeth Kelley
RESIDENCE	Wilson	RESIDENCE	Wilson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancheng	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Nampa

Filed May 10 1919 Pearle Dodds

Registrar

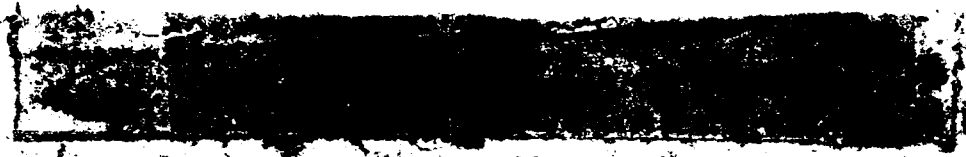
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1 20 75

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 20 2 54 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 68257

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Walker (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1919 (Date of Event)

in Wilson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Marjorie Walker
		Marjorie Willa Walker

Subscribed and sworn to before me this 20 day of January 1975

"Sue" Nora Lowe

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Edward A Cox

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

520 Banner Nampa Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

JAN 20 1975

Photocopy of own childs birth certificate Edward Douglas Cox born June 26, 1956 at Nampa, Idaho, State File # 56-6944 gives mothers name as Marjorie Willa Walker.

JAN 20 1975

Viewed by VS

Marriage License State of Idaho, County of Canyon - Edward Cox and Marjorie Walker married May 21, 1938 at Caldwell, Idaho by John Nelson Justice of the Peace.

Viewed by VS

155-207
003-

PLACE OF BIRTH

STATE BUREAU OF VITAL STATISTICS

County of Bannock

CERTIFICATE OF BIRTH

City of Pocatello

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Velda Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		1	Yes	May 3 - 191.9

FATHER		MOTHER	
FULL NAME	Elven Benjamin Jensen	FULL MAIDEN NAME	Mabel Edna Brown
RESIDENCE	Bancroft, Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	South Collingwood Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin S. Rich

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Solano

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

Certificate No. 68258

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jensen (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1919 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Velda Jensen

Subscribed and sworn to before me this 30th day of August, 1965

GLADYS M. REED — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN SOLANO COUNTY

Gladys M. Reed
Notary Public, residing at Vallejo, California
My commission expires March 26, 1966
(Seal)

Signed Elsie B Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
234 Perkins Ave Vallejo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Solano

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1965

Gladys M. Reed
Notary Public, residing at Vallejo, California
My commission expires March 26, 1966
(Seal)

Signed Mabel Edna Brown Jensen
(Signature of Any Credible Person)
234 Perkins Ave, Vallejo, Calif.
(Street Address, City, State)

FORM DH 60-155

two copies pd. rec. #4472
CL 7-26-65. one copy pd. rec. #18131. TOTAL of 3 copies pd.

L.D.S. Church Certificate of Record of Membership, blessed July 13, 1919 gives full name as Velda Jensen, born May 3, 1919 at Downey, Idaho to Elvih B. Jensen and M. Edna Brown - viewed by V.S.

MAY [illegible] 1961

Metropolitan Life Insurance Co. Policy Record, dated June 1, 1941, serial number of the policy issued 10 306 888 A, gives full name as Velda Jensen, born May 3, 1919 at Downey, Idaho - viewed by V.S.

758-222
003-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68259

PLACE OF BIRTH

County of Bannock

City of Virginia

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elaine Leona Pehrson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	Yes	April 22 1919

FATHER		MOTHER	
FULL NAME	Joseph W Pehrson	FULL MAIDEN NAME	Ellen Griffiths
RESIDENCE	Virginia, Idaho	RESIDENCE	Virginia, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.40a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L Rich

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 19 19

..... Registrar

OCT 4 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Bailey

No. ✓ St.

Hospital ✓

Registration District No. 117

Primary Registration District No. 2196

File No. 68260

Registered No. 1202

FULL NAME OF CHILD no name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E Bailey	FULL MAIDEN NAME	Eva Truwell
RESIDENCE	Burley - Idaho	RESIDENCE	Burley - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Upton Utah.	BIRTHPLACE	Diaz Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D

P. T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Ida.

Filed April 9 1919 F H Cutler

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

391-209-031-664

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
~~CERTIFICATE OF BIRTH~~

Form V. S. N[redacted]

61

Registration District No. 32

File No. 68261

Primary Registration District No. 3179

Registered No. 7

FULL NAME OF CHILD Eleanor Marie Crawford

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth April 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Bryan Crawford	FULL MAIDEN NAME	Meda Angeline Wamsley
RESIDENCE	Vollmer Ida	RESIDENCE	Vollmer Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Latah Co. Ida	BIRTHPLACE	Ilo, Idaho
OCCUPATION	flour mill worker	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Male alive (Born alive or stillborn) at 8:59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ilo - Idaho

Registrar

Filed 4/10 1919 R. G. Dunlop

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS MAR 14 11 23 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis }

Certificate No. 68261

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crawford (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1919 (Date of Event)
in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Eleanor Marie Crawford

Subscribed and sworn to before me this 5th day of March, 1973

Notary Public, residing at Kenneth, Idaho
My commission expires April 5, 1973
(Seal)

Signed X Myrta A Crawford (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kenneth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1973

Notary Public, residing at Kenneth, Idaho
My commission expires April 5, 1973
(Seal)

Signed X Arthur D Crawford (father)
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/5/70 nm

Diploma from Craigmont High School, Craigmont, Idaho gives name as Eleanor Marie Crawford. Dated May 16, 1939. Viewed by V. S. 1973

Certificate of birth from Idaho for Don J. Raspone, born May 11, 1945 gives father's name as Dominie John Raspone and the mother;s name as Eleanor Marie Crawford. file No. 406973. Viewed by V. S.

319-127
031-455 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—2[illegible]-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Mobler RFD

Registration District No. 60

File No. 68263

No. ..... St.

Primary Registration District No. 2179

Registered No. 8

Hospital .....

FULL NAME OF CHILD David Richard Hart CARR

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	4 (Month) – 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Matthew Hart CARR	FULL MAIDEN NAME	Hilda Dees
RESIDENCE	Mobler RFD	RESIDENCE	Mobler R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewis, Idaho

Filed 5/10 1919 R. E. Dunlap
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163 - 111
031 - 696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68264

County of Lewis

City of Westlake

Registration District No. 50

File No.

No. ..... St.

Primary Registration District No. 2179

Registered No. 9

Hospital

FULL NAME OF CHILD Harry Edward Jole

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	5 (Month) - 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Elbert Jole	FULL MAIDEN NAME	Mabel May Frost
RESIDENCE	Westlake Ida	RESIDENCE	Westlake Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Vollmer Ida	BIRTHPLACE	Troy Ida
OCCUPATION	in U.S. Service (Reliche)	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6/29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunn of M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ida Idaho

Registrar

Filed 5/11 1919 R. E. Dunn

Registrar

MOT

Z JOBE PER ID DC
2003-8994

386-128
031-446

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Ilu

No. ..... St.

Hospital ..... FRANK

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—15m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 60

File No. 68265

Primary Registration District No. 2127

Registered No. 7

FULL NAME OF CHILD ..... MEDFORD THORNBURG

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	3 28 1917

	FATHER	MOTHER
FULL NAME	Clarence Medford Thornburg	Frankie Edith Arnold
RESIDENCE	Ilu Idaho	Ilu Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	24 (Years)	22 (Years)
BIRTHPLACE	Cottonwood Ida	Juneau Ida
OCCUPATION	Garage man	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9:40 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Driscoll M.D.

(Physician or midwife)

Address Ilu Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4/4 1917

P. E. Driscoll

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 68265

State of Oregon } ss.
County of Clackamas }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frank Medford Thornburg (Name on Original Certificate) who Was born (Was Born or Died) on March 28 - 1919 (Date of Event)
in Oregon City, Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nedford	Frank Medford Thornburg

Subscribed and sworn to before me this 14th day of July, 1942.

Notary Public, residing at Oregon City Ore

My commission expires 9-16-1943
(Seal)

Signed mother Thornburg Frankie E. (Donaldson) Walters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 12 - Box 32 - B. Milwaukie Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clackamas }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1942.

Notary Public, residing at Oregon City Ore

My commission expires 9-10-1943
(Seal)

Signed G. B. Walters
(Signature of Any Credible Person Other Than Previous Year)

Route 12 Box 32 B Milwaukie
(Street Address, City, State) Ore.

JUL 17 1942

266 - 119
016 - 128

PLACE OF BIRTH [redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119

File No. 68266

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital At Home

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Miles Harrison Boothe	Amelia Ashcroft
RESIDENCE	Malta Ida	Malta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	34
BIRTHPLACE	West Portage Utah	England
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

(Signature) C L Baker

(Physician or midwife)

Address Malta Idaho

Filed 3/16 1919 C L Baker Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19 ____

C L Baker Registrar

S-Y-CO. 38071

383-223
016-955

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68267

County of Cassia

City of Malta

Registration District No. 119

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital At home

FULL NAME OF CHILD EDITH IRENE TYLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Apr 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Aloy S Tyler	FULL MAIDEN NAME	Edna Reeves
RESIDENCE	Malta, Ida.	RESIDENCE	Malta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sater

(Physician or midwife)

Given names added from a supplemental report.

May 16 1919

Address Malta Ida

C L Sater
Registrar

Filed 5/16 1919

C L Sater
Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 68267

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edith Irene Tyler

Subscribed and sworn to before me this 8th day of December, 1942
Thos. A. Cram.
Notary Public, residing at Tacoma Wash.
My commission expires March 16th 1945
(SEAL)

Signed Mrs Edna R. Tyler
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
317-E. 82nd St Tacoma Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December, 1942
Thos. A. Cram.
Notary Public, residing at Tacoma Wash.
My commission expires March 16th 1945
(SEAL)

Signed Cecil Tyler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
134 Bismark Ave Tacoma Wn
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. 284-118-004-963 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68270

Registration District No. 52 File No.

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Barney Sheery	FULL MAIDEN NAME	Josephine Rolen
RESIDENCE		RESIDENCE	Gen Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Calif	BIRTHPLACE	Canada
OCCUPATION	Lobe	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15-1919 [illegible]

Registrar

Registrar

DUP OF 19-257560

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68271

County of Bear Lake

City of Montpelier

No. 235-120-004 414 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Keith Elmer Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	2 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A E Stephens	FULL MAIDEN NAME	M A Madson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15-19

[signature]

Registrar

Registrar

WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 8-6-81

County of Bear Lake

City of Dingle

No. 366-219-004/245 St.

Registration District No. 52

File No. 68272

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Afton Lanora Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	2 9 191

FATHER		MOTHER	
FULL NAME	Henry Cook	FULL MAIDEN NAME	Nora Smedley
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cooley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15 1919

Registrar

Registrar

AUG 6 1981

4-3-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 68272
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cook (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-19-19 (Date of Event)

in Dingle (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Afton Lanora Cook
date of birth	2-19-19	2-9-19

Subscribed and sworn to before me this 17th day of June, 19 81.

Notary Public, Yvonne Dennett

Residing at Ovid, Idaho

My commission expires Lifetime

(Seal)

Afton Lanora Cook Tymas
Signature of Applicant

Box 50 Ovid, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 19 81.

Notary Public, Yvonne Dennett

Residing at Ovid, Idaho

My commission expires Lifetime

(Seal)

Nathell C. Kelsey
Supporting Signature

351 N. 4th E. Montpelier, Ida.
Street Address, City, State

1 cc pd

Family Bible record gives name as Afton Lanora Cook born Feb. 9, 1919. to Henry Cook and Ann Cook. Original obviously old.
Viewed by V.S.

National Public Service Insurance Company, Seattle, Washington gives name as Afton LaNora Hymas born Feb. 9, 1919, in Dingle, Idaho. Policy issued 1948.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Sunnyside

No. 271-218-004/266 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 68273

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Gene		Yes	3 18

FATHER		MOTHER	
FULL NAME	Geo H Sparks	FULL MAIDEN NAME	Maude Cooley
RESIDENCE	Sunnyside	RESIDENCE	Sunnyside
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Marsh Valley	BIRTHPLACE	Sunnyside
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 [illegible] on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15- 1919

Registrar

Registrar

AUG 2 3 1973

242-123-004-799

PLACE OF BIRTH

Form V. S. No. 11-C—Mim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

68276

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3-23-1919

FATHER		MOTHER	
FULL NAME	Joseph Burgess	FULL MAIDEN NAME	Vera Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cecil Ashley

Montpelier
(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

Registrar

Filed 5-15-1919

H H Kerr
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

R G B

275-205-004-$15

Form V. S. No. 11-C—28m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 68277

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	12	yes	Apr. 5th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George S. Speirs	FULL MAIDEN NAME	Heneretta Danks
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Tooele, Ut.	BIRTHPLACE	Alma, Wyom.
OCCUPATION	Mechanic	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

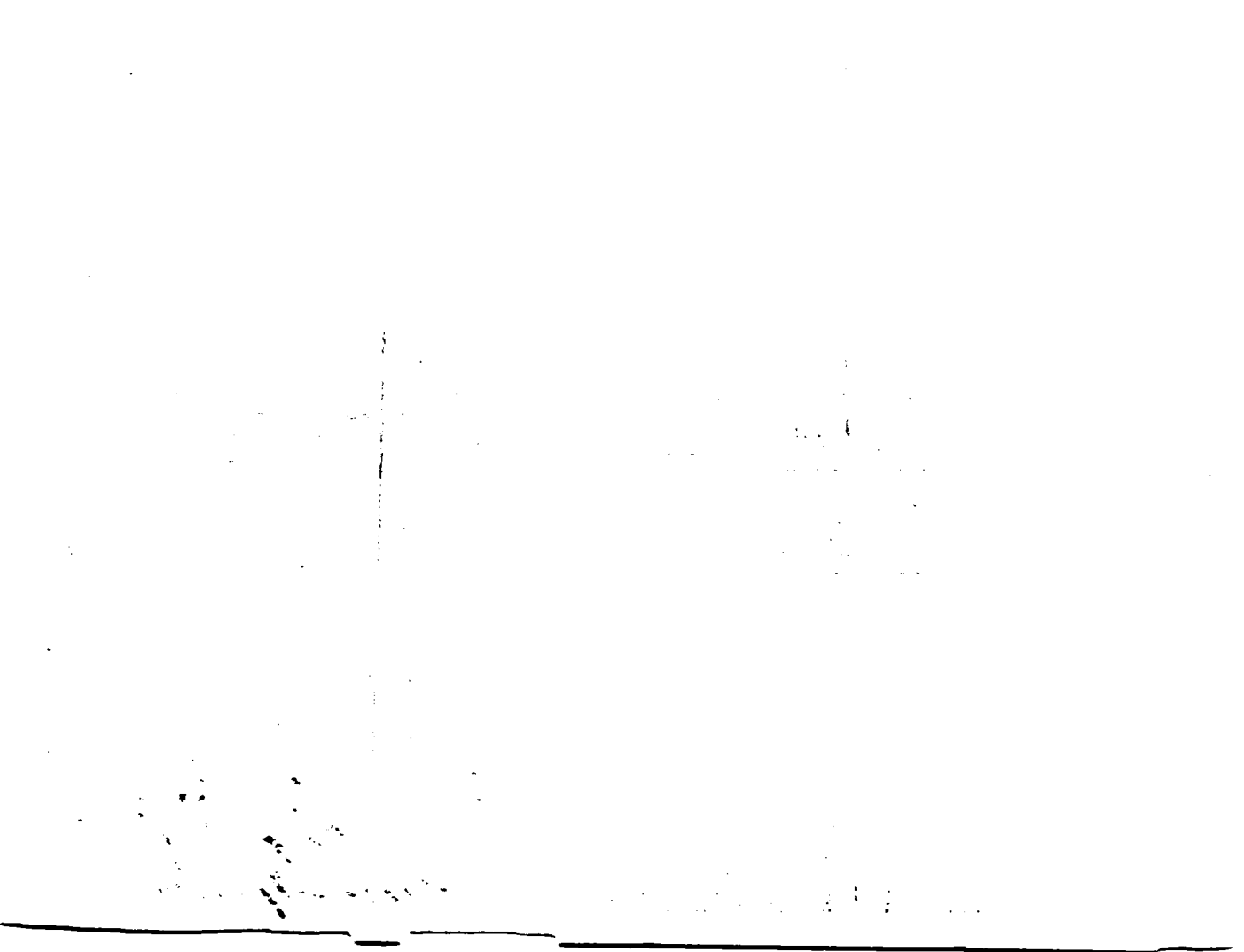
Address Montpelier, Ida.

Filed 5-15-19 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



244-109-004-912

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68278

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	4 9 1917

FATHER		MOTHER	
FULL NAME	Mark Simmons	FULL MAIDEN NAME	Tina Rasen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Plaster	OCCUPATION	None

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1/9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Carey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 5-15-1919 H H King

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-110-004-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68279

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	3	yes	Apr. 10, 1919

FATHER		MOTHER	
FULL NAME	Andy L. Evans	FULL MAIDEN NAME	Winifred Kimball
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Meadowville, Ut.
OCCUPATION	Stock raising	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

5-15-1919 H H King - Raymond

Filed 19

759-212-004-316

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68280

County of Bear Lake

City of Bennington

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Ene		Jr	4 12 1919

FATHER		MOTHER	
FULL NAME	William Perkins	FULL MAIDEN NAME	Tobby Jaro
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bennington	BIRTHPLACE	Paris
OCCUPATION	Farm	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cashby

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15-1919 H H King

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-115-004-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 68281

Registered No. .....

FULL NAME OF CHILD Scott Henderson Hinckley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	2	Yes	4/15/1919

FATHER		MOTHER	
FULL NAME	Elmer Eugene Hinckley	FULL MAIDEN NAME	Edith J. Mackinnon
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	S. L. City, Utah	BIRTHPLACE	Glasgow, Scotland
OCCUPATION	Physician Ect.	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George F. Ashly per Dr E. E. Hinckley Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 5-15-1919 — H. H. King — Registrar

165-121-004-265

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

68282

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Don Paul Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	April 21 1919

FATHER

FULL NAME R. M. Jones

RESIDENCE Montpelier

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Neb.

OCCUPATION Loco. Fireman

MOTHER

FULL MAIDEN NAME Emily Sonoeka

RESIDENCE Montpelier

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minn.

OCCUPATION Mfg

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 9 30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. N. Young M.D.

Physician

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-15- 1919

A. N. Young

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-121-004-819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 68283

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Clayton Pace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	4-21-1919

FATHER		MOTHER	
FULL NAME	Wm O. Pace	FULL MAIDEN NAME	Nellie C. Hartman
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Brookfield, Mo.	BIRTHPLACE	Montpelier, Ida
OCCUPATION	C S & R R Eng	OCCUPATION	Wy

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 5-15-1919

..... Registrar

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/22/41 L. B.

653-223-004-699

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 68284

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD June Welker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	5th	Yes	Apr. 22 1919

FATHER		MOTHER	
FULL NAME	Ray Welker	FULL MAIDEN NAME	Libby Wright
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Bloomington	BIRTHPLACE	Bennington
OCCUPATION	Engineer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida.

Filed 5-15-19 W H King - Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,)ss
County of Bear Lake,)

On this 21st day of June, 1941, personally appeared before me Elizabeth Wright Welker, who being first duly sworn by me deposes and says:

That I am the mother of June Welker, mentioned in the Records of the Bureau of Vital Statistics of Idaho, and wherein said record it appears that said June Welker was born on April 22, 1919. This date is an error. It should be April 23rd, 1919, which is the date on which she was born.

The error evidently was made by the physician who attended me at the time of June Welker's birth.

I therefore ask your department to change the record in your office so it will state the facts as they are, and this will authorize your department to do so.

JUL 17 1941 Elizabeth Wright Welker

Dated Montpelier, Idaho, 104 Cain
June 21, 1941.

Subscribed and sworn to before me this 21st day of June, 1941.
by Elizabeth Wright Welker.

Chas E. Harris
Notary Public for Idaho
Res. Montpelier Idaho

DEC 3 1966

231-126-004-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68285

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. .....

Registered No. .....

FULL NAME OF CHILD GLENN FRANK BLASER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	4 (Month) 26th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Blaser	FULL MAIDEN NAME	T. E. Russell
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Cuddy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Montpelier Ida

Filed 5-10-1919 H H King Registrar

MARSH. ... BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 68285

County of Cache } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Glenn Frank Blaser (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN ~~OR DIED~~) on April 26, 1919 (DATE OF EVENT) in Montpelier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 1, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Glenn Frank Blaser
Date	April 25th	April 26, 1919

Subscribed and sworn to before me this 30 day of November, 1942

A B Prochet

Notary Public, residing at Logan Utah

My commission expires 4-13-43

(SEAL)

Signed Alfred Blaser

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

355 E. 4th North Logan, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of November, 1942

A B Prochet

Notary Public, residing at Logan Utah

My commission expires 4-13-43

(SEAL)

Signed Leroy A. Blaser

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1374 Kershaw, Ogden, Ut.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 3 1942

693-225-004-941

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68286

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 52

File No. .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Cleone Irene Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 25th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver C. Wilcox	FULL MAIDEN NAME	Morette Quayle
RESIDENCE	Dingle Ida	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Krug MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 5-15 1919

H. H. Krug
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1975

OCT 4 1950

345-223-042-563

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38 File No. 68287

No. ..... St.

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Fueller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.				Yes.	Apl. 23 1919

	FATHER	MOTHER
FULL NAME	Geo Fueller	FULL MAIDEN NAME Mary Eft
RESIDENCE	Filer Ida	RESIDENCE Filer Ida
COLOR	W.	AGE AT LAST BIRTHDAY 33. (Years)
COLOR	W.	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE Switzerland
OCCUPATION	Farmer	OCCUPATION Hswfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a M on the date above stated.
(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. A A Newberry
(Physician or midwife)

Address .....

Filed 4-23 19 19. A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-220-042-437

Form V.S. No. 11-C—25—1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 68288

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital ~~Not Named~~

FULL NAME OF CHILD Alda Bessie Clifton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	3 20 1918

FATHER		MOTHER	
FULL NAME	Fred Clifton	FULL MAIDEN NAME	Verna M Grimes
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Hwfe

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 40 A M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3-20 19 18 A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Filer, Idaho School Records, gives name as Alda Bessie Clifton, viewed by V.S. and Notification of Own Child's Birth Certificate, Nevada Birth, Sept. 30, 1942 #1623 gives name as Alda Bessie Clifton - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 68288

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Clifton (Name on Original Certificate) who born (Was Born or Died) on March 20, 1919 (Date of Event) in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alda Bessie Clifton

Subscribed and sworn to before me this 20 day of January, 1959

Notary Public residing at Filer Idaho

My commission expires Jan 5, 1962

(Seal)

Signed W. F. Clifton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer Rt 2 Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1959

Notary Public, residing at Filer Ida

My commission expires Jan 5, 1962

(Seal)

Signed Mrs. W. F. Clifton (Mother)

(Signature of Any Credible Person)

Filer Rt 2 Idaho

(Street Address, City, State)

FORM DPH 55.155 NNCL 1-14-59. one copy pd.

MAY 11 1959

154-201-845-453

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68289

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. .....

Registered No. .....

FULL NAME OF CHILD Cordelia Frances Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
girl				yes	4 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Anderson	FULL MAIDEN NAME	Etta Metcalf
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Kansas
OCCUPATION	B. Smith	OCCUPATION	H Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.25 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4 - 1 1919 A. A. Newberry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 9 1943

291-216-042-9[illegible] Amended 11-29-56

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Idaho

No. ____ St.

Registration District No. 38 File No. 68290

Hospital ____ Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Lillie Brackenbury
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	4-16-1919 192...

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Geo. Brackenbury	FULL MAIDEN NAME: Estella Joan Rice
RESIDENCE: Filer, Idaho	RESIDENCE: Filer, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 4-16-1919 192.. A. A. Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 68290

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Brackenbury (Name on Original Certificate) who was born (Was Born or Died) on April 16, 1919 (Date of Event) in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mortgage note (Bible Record, Insurance Policy, Etc.) prepared on Dec. 28, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lillie Brackenbury
Lillie Brackenbury	was born April 16-1919. Filer Idaho	

Benevolent Society Card Aug. 5, 1935 Viewed by Vital Statistics

Subscribed and sworn to before me this 25th day of September, 19 56.

Notary Public, residing at Albion, Idaho.
My commission expires 5/14/59
(Seal)

Signed Estella J Rice Brackenbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 19 56.

Notary Public, residing at Albion, Idaho.
My commission expires 5/14/59
(Seal)

Signed Grandmother Alice J. Rice
(Signature of Any Credible Person)

Albion Idaho
(Street Address, City, State)

FORM DPH 55.155

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 68290

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lillie Brackenbury (Name on Original Certificate) who was born (Was Born or Died) on 4-16-19 (Date of Event)
in Filer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Stella Rice	Estella Joan Rice

Viewed by Vital Statistics

Subscribed and sworn to before me this 23 rd day of November, 19 56

Notary Public, residing at Albion, Idaho
My commission expires 5/14/59
(Seal)

Signed Estella Joan Rice Brackenbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 rd day of November, 19 56

Notary Public, residing at Albion, Idaho
My commission expires 2/14/59
(Seal)

Signed Alice Jane D. Rice
(Signature of Any Credible Person)

Almo Idaho
(Street Address, City, State)

FORM DPH 55. 155

415-216-042 -249

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Twin Fall

City of Filer Ida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68291

Registration District No. 38 File No. _____

Primary Registration District No. 2086 Registered No. _____

FULL NAME OF CHILD not named Leta Lenore Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
g			yes	4 16 1919

FATHER		MOTHER	
FULL NAME	R. O. Davis	FULL MAIDEN NAME	Mabel Fay Smith
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	S Dak	BIRTHPLACE	Iowa
OCCUPATION	Farm	OCCUPATION	H wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:45 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4-16-1919 A. A. Newberry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 68291

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (Name on Original Certificate) who born (Was Born or Died) on 4-16-1919 (Date of Event)
in Filer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Employment Record shows mother's correct name - April 28, 1942 prepared on (Bible Record, Insurance Policy, Etc.) Other child's birth cert shows mother's (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		correct name - Jan. 14, 1926 - California Marriage Record - Feb 10, 1940 Own Child's birth cert. - March 22, 1942 - vs
Child's Name	Unnamed	Leta Lenore Davis
Mother's Maiden Name	Mabel Fay	Mabel Fay Smith

Subscribed and sworn to before me this 25th day of February, 1958

Notary Public, residing at 5609 Pennswood Ave Lakewood
My commission expires My commission expires Sept. 28, 1960
(Seal)

Signed Mabel Fay Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14838 Downey Ave Paramount
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1958

Notary Public, residing at 5609 Pennswood Lakewood Calif
My commission expires
(Seal) My commission expires Sept. 28, 1960

Signed Ralph L Osborn Jr
(Signature of Any Credible Person)

14838 Downey Ave Paramount Calif
(Street Address, City, State)

FORM DPH 55.155

NNCL 2-19-58 nm

APR 1 8 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Bannock
City of Pocatello
No. 791-113-003-814 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68292

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Donald Guy Grable

3. **Sex** Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Feb 13, 1919 (Month, Day, Year)

FATHER

9. Full name Alvin Guy Grable

10. Residence (usual place of abode) (If non-resident, give place and State) San Francisco

11. Color or race Wh | 12. Age at last birthday 52 (years)

13. Birthplace (city or place) Garner (State or Country) Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lilas Hamby

19. Residence (usual place of abode) (If non-resident, give place and State) San Francisco

20. Color or race Wh | 21. Age at last birthday 48 (years)

22. Birthplace (city or place) Springdale (State or Country) Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 1:00 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Mills Mc Cleery, M. D.

or ....., Midwife

Address Pocatello, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Apr 7, 1919, 19.. O. B. Young
Registrar.

..... Registrar.

534-217-003-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68293

County of Bannock

City of Lava Hot Sp'g

Registration District No. 30

File No. 48

No. ..... St.

Primary Registration District No. 30

Registered No. 2300

Hospital Home

FULL NAME OF CHILD Gladys Pearl Elder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb. 17 1919

FATHER		MOTHER	
FULL NAME	Wallace C. Elder	FULL MAIDEN NAME	Grace B. Hutten
RESIDENCE	Blaser Ida	RESIDENCE	Blaser Ida
COLOR	White	COLOR	White
AGE AT BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mason City Iowa	BIRTHPLACE	Devils Lake City Dakota
OCCUPATION	Telegraph Opp.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs

Filed Apr 4 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Pierce } ss.

Certificate No. 68295

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gladys Pearl Elder (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's age	37 yrs	39 yrs.
Mother's age	26 yrs	32 yrs.

Subscribed and sworn to before me this 5th day of October, 19 43

Winifred A. Howe
Notary Public, residing at Tacoma
My commission expires Aug 13, 1946
(Seal)

Signed Wallace C. Elder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1543 So. Broadway Tacoma Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 7 1943

236-121-003-884

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68294

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2301

FULL NAME OF CHILD La Grand Hyde Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Witt Stoddard	FULL MAIDEN NAME	Myrtle Prescindia Hyde
RESIDENCE	4th & Halliday St.	RESIDENCE	4th and Halliday St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Richmond, Ut.	BIRTHPLACE	Raysville, Ut
OCCUPATION	Traveling salesman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed Apr 7 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1973

143-222-003-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68295

County of Bannock

City of Topaz

No. ..... St.

Hospital Home

Registration District No. 30

Primary Registration District No. 30

File No. 48

Registered No. 2302

FULL NAME OF CHILD Adleina Julian

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burt Julian	FULL MAIDEN NAME	Sarina Pitschieder
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lava Hot Springs Ida

Filed Nov 4, 1919 O B Steel

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 26 1971

213-226-003-715

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bannock Amended 8/2/74

CERTIFICATE OF BIRTH 68296

City of Pocatello

Registration District No. 84 File No. 48

No. _____ St.

Primary Registration District No. 2161 Registered No. 2303

Hospital St Anthony's

FULL NAME OF CHILD Penelope ~~[illegible]~~ Katsilometes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alex Katsilometes	FULL MAIDEN NAME	Panagotta Ananosto Pavlow
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Furn. Rep. Idaho Furn. Co	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Apr 7, 1919 O B Steely Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1960

2 22 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 12 9 39 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68296

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Violet Katsilometes (Name on Original Certificate) who was born (Was Born or Died) on Feb. 26, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Violet	Penelope

Subscribed and sworn to before me this 12th day of March, 19 74

Notary Public, residing at Pocatello, Ida.
My commission expires 1-1-78
(Seal)

Signed Penelope A Katsilometes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] - Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Diploma - Pocatello Senior High School , Pocatello , Idaho May 27,1936 gives name as Penelope A. Katsilometes.

Viewed by VS

Own childs birth certificate Harry Christ born July 1, 1941 at Pocatello, Idaho State file No. 317723 gives mothers name as Penelope Katsilometes.
Viewed by VS

Own childs birth certificate Patricia Christ born August 23, 1942 at Pocatello, Idaho State file No. 356304 gives mothers name as Penelope Kasilometes.
Viewed by VS

552-104-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68297

County of Bonnock

City of Pocatello

Registration District No. 84 File No. 48

No. ..... St.

Primary Registration District No. 2161 Registered No. 2304

Hospital General Hospital

FULL NAME OF CHILD Francis Barnes Neslen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Uel Francis Neslen	FULL MAIDEN NAME	Hazel Elizabeth Barnes
RESIDENCE	726 N. Hayes	RESIDENCE	726 N. Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake City. Ut	BIRTHPLACE	Douglass. Kas.
OCCUPATION	Fireman. U.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Jan 7 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-206-003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 8 4

File No. 68298 48

Primary Registration District No. 2161

Registered No. 2305

FULL NAME OF CHILD Leone Donila Neal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 6 1919

FATHER

FULL NAME: Otis E. Neal

RESIDENCE: 543 So 4th

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Atlanta, Georgia.

OCCUPATION: Conductor U.S.S.R.

MOTHER

FULL MAIDEN NAME: Anna E. Wilkins

RESIDENCE: 543 So 4th.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ada. Mo.

OCCUPATION:

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed Mar 7, 19 19

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

266-207-003-525-3

PLACE OF BIRTH

Amended 7-3-56

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 68299

Primary Registration District No. 30 Registered No. 2306

FULL NAME OF CHILD BERTHA FAY KOFOED
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	March 7 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: James W. Kofoed	FULL MAIDEN NAME: Mary Jane Bell
RESIDENCE: Farm	RESIDENCE: Farm
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Weston, Idaho	BIRTHPLACE: Clifton, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Mrs. Kittie Craig

Obstetrician
(Physician or midwife)

Address Lava Hot Springs, Idaho

Filed Apr. 4 1919 P. B. Steeley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Owyhee } ss.

Certificate No. 68299

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Berta Kofred (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1919 (Date of Event)
in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Certificate of Baptism July 2, 1927 prepared on May 4, 1919 (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Berta Kofred	Bertha Fay Kofoed
Father's name	J. W. Kofred	James W. Kofoed

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

+Signed Mrs. Alta Holmes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

601 Rockland Ave Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Owyhee } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of ....., 1956

Notary Public, residing at Marsing Idaho
My commission expires 3/29/59
(Seal)

+Signed Mrs. A R Smith
(Signature of Any Credible Person)

1026 north Grant Pocatello Idaho
(Street Address, City, State)

FORM DPH 55. 155

213-208-003-944

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68300

County of Bannock

City of Pocatello

Registration District No. 84 File No. 48

No. ..... St.

Primary Registration District No. 2161 Registered No. 2307

Hospital .....

FULL NAME OF CHILD Patricia Irene Salisbury

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Salisbury	FULL MAIDEN NAME	Ida Zumbrunnen
RESIDENCE	1576 Taft Ave	RESIDENCE	1576 Taft Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Eagle. Wis	BIRTHPLACE	Montpelier Ida
OCCUPATION	Check Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Apr 7 1918 O B Steely

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1945

JUN 20 1968

413-111-003-253

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68301

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2309

FULL NAME OF CHILD Kenneth Dudley Mathers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Mar. 11 1919

FATHER	MOTHER
FULL NAME: Frank Dudley Mathers	FULL MAIDEN NAME: Salvina Anna Bell
RESIDENCE: Pocatello Ida	RESIDENCE: Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Marietta, Ohio	BIRTHPLACE: Sonda, Iowa
OCCUPATION: Taylor	OCCUPATION: Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn), at 9.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or midwife)

Address Pocatello Ida

Filed Apr 7 1919

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

293-109-003-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

68302

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 817 So Harrison St.

Hospital

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2308

FULL NAME OF CHILD Lester William Siler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Mar 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Andrew Siler	FULL MAIDEN NAME	Ruby May Cornwall
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Tilden, Idaho
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Apr 7, 1919 O B Steely

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

791-113-003-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68303

County of Bannock

City of Lava Hot Spg Registration District No. 30 File No. 48

No. ..... St. Primary Registration District No. 30 Registered No. 2310

Hospital Home

FULL NAME OF CHILD Earnist Graiff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar. 13 1919

FATHER		MOTHER	
FULL NAME	James Graiff	FULL MAIDEN NAME	Emiglia Pitscheider
RESIDENCE	Topaz Ida.	RESIDENCE	Topaz
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Austria.	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Lava Hot Springs Idaho

Filed Apr 4, 1919 J B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-113-003-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68304

County of Bannock

City of Pocatello

No. O. S. L. Section House St.

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2311

Hospital

FULL NAME OF CHILD Jesus Rodriguez

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Mar 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Felix Rodriguez	FULL MAIDEN NAME	Carmen Sanches
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Section Hand R.R.	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Apr 7, 1919 O B Steele Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-115-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68305

County of Bannock

City of Pocatello

Registration District No. 84

File No. 48

No. ..... St.

Primary Registration District No. 2161

Registered No. 2312

Hospital .....

FULL NAME OF CHILD Paul Loring Coffman, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Mar 15 1919

FATHER		MOTHER	
FULL NAME	Paul Loring Coffman	FULL MAIDEN NAME	Esther Eugenia Wallin
RESIDENCE	Pocatello, Gen Del.	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Marshall, Mo	BIRTHPLACE	Varnhem, Sweeden
OCCUPATION	Painter	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.55 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Apr 7, 1919

[signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1976

231-218-003-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Sp'g Registration District No. 30 File No. 68306

No. ..... St. Primary Registration District No. 30 Registered No. 2313

~~Hospital~~ Home

FULL NAME OF CHILD Rhea Stapels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 18 1919

FATHER		MOTHER	
FULL NAME	C. J. Stapels	FULL MAIDEN NAME	Elizabeth Godfrey
RESIDENCE	Farm	RESIDENCE	Farmer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Anibelle Utah	BIRTHPLACE	Clarkston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Ennis

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho

Filed Apr 4, 1919 P. B. Greeg

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1975

213-228-003-653

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68307

County of Bannock

City of Lava Hot Sp'g

No. ..... St.

Hospital Home

Registration District No. 30 81

Primary Registration District No. 30 2161

File No. 48

Registered No. 2314

FULL NAME OF CHILD Belle Solpe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brady Stolpe	FULL MAIDEN NAME	Amelia Feller
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Murry Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Obstetrica (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Spring, Idaho

Filed Apr 4, 1919 O B Steed

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

Z - STOLPE

NOT

[redacted] No. 11—[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68308

County of [redacted]

City of Crystal

455-121-039-615

No. ..... St.

Registration District No. 84

File No. 48

Primary Registration District No. 2161

Registered No. 2315

Hospital .....

FULL NAME OF CHILD William Estley Denning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	3 (Month) - 21 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Estley Denning	FULL MAIDEN NAME	Rissie Fannin
RESIDENCE	Crystal	RESIDENCE	Crystal
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ritchie Co. W. Virginia	BIRTHPLACE	American Falls Ida
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 8:40 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal

Filed Apr 25, 1919 [illegible] Registrar

Registrar

S-Y CO. 24656

NOV 13 1942.

Form [illegible] No. 11—25m-1-1-15

PLACE OF BIRTH 386-222-0397-386

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68309

County of Power

City of Hawkins

No. Idaho St.

Registration District No. 84

File No. 48

Primary Registration District No. 2161

Registered No. 2316

Hospital

FULL NAME OF CHILD Wonda Lyons.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	3 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Taylor Lyons.	FULL MAIDEN NAME	Alta Matilda Thompson
RESIDENCE	Hawkins Idaho	RESIDENCE	Hawkins Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Clarkson Utah	BIRTHPLACE	Hemmville Utah
OCCUPATION	Farmer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 6.5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

(Physician or midwife)

Given names added from a supplemental report.

19

Address Crystal

Filed Apr 25 1919 [illegible] Registrar

Registrar

S-Y CO. 24656

OCT 24 1975

MARGIN RESERVED FOR BINDING

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-8-17

PLACE O[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

G8310

County of Ban[redacted]

City of Lava Hot Spg

855-123-003-763

No. ..... St.

Registration District No. 30 File No. 48

Primary Registration District No. 30 Registered No. 2317

Hospital Home

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ ROBERT REX Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John L. Hendricks	FULL MAIDEN NAME	Orra Potter
RESIDENCE	Lava Hot Spg Ida.	RESIDENCE	Lava Hot Spg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cocoms Ind.	BIRTHPLACE	Lava Hot Spg Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wigleswooth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lava Hot Spg Idaho

Filed Apr 4 1919 O. F. Deere

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 68310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Arthur Hendricks (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 23 1919 (DATE OF EVENT)
in Lava Hot Springs Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 2 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Arthur Hendricks	Robert Rex Hendricks

Subscribed and sworn to before me this 31 day of December, 1941

M J Kaiska

Notary Public, residing at Lava Hot Springs Ida

My commission expires Jan. 10. 1944

(SEAL)

Signed Dora Hendricks-Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of December, 1941

M J Kaiska

Notary Public, residing at Lava Hot Springs

My commission expires Jan. 1. 1944 Ida.

(SEAL)

Signed Martha L Potter

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

JAN 3 1942

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-123-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68311

County of Bannock

City of Pocatello

Registration District No. 84 File No. 48

No. ..... St.

Primary Registration District No. 2161 Registered No. 2318

Hospital St. Anthony's

FULL NAME OF CHILD Anthony Anton Fiala Jr

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anthony Anton Fiala	FULL MAIDEN NAME	Christa Vivian Smith
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Two Rivers, Wis	BIRTHPLACE	Portland, Oregon
OCCUPATION	Mgr. Rumley Products Co	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Apr 7, 1919 O B Steele Registrar

Registrar

S-Y-CO 38071

355-128-003-666

PLACE OF BIRTH

V. S. No. 11-C—25m-9-8-15

STATE [redacted]
BUREAU OF [redacted]
CERTIF[redacted]

68312

County of Bannock

City of Pocatello

No. 445 So Arthur

Hospital

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2319

FULL NAME OF CHILD

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Harry Levell	FULL MAIDEN NAME	Helen Woolley
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE		BIRTHPLACE	Berian, Spro, Mich
OCCUPATION	Loco, Fireman	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Apr 7, 1919 O B Greely
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form

E OF IDAHO
VITAL STATISTICS

ATE OF BIRTH

663-130-003-685

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

BUR[redacted] IDAHO
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C[redacted]F BIRTH

68313

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2320

Full Name of Child ~~not named~~ Jean Wheeler Wolverton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	March 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas A Wolverton	FULL MAIDEN NAME	Alene Wheeler
RESIDENCE	302 So 8th	RESIDENCE	302 So 8th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Robin Idaho	BIRTHPLACE	Clifton Idaho
OCCUPATION	fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Lynn Bros Hospital

Filed Apr 5, 1919 O B Steele

Registrar

Registrar

SEPARATE RETURN must be made for each and the number each, in order of birth stated.

STATE OF
EAU OF VIT
ERTIFICATE

693-110-003-533

Form V. S. No. 11-C—25m-9-8-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68314

County of Bannock

City of Pocatello

No. W. Wyeth St.

Hospital

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2321

FULL NAME OF CHILD Robert Barney Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Mal	✓		✓	Yes	Apr 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Aubrey Williams	FULL MAIDEN NAME	Bessie Ray Ellison
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Independence, Mo	BIRTHPLACE	Paul's Valley, Okla
OCCUPATION	Auto Dealer	OCCUPATION	H Wife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Garth

MD (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

..... 19.....

Filed May 5, 1919 O B Steele

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-110-003-844

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-17

68315

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2322

FULL NAME OF CHILD — — Gonzales

Sex of Child M | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Demetrio Gonzales	FULL MAIDEN NAME	Inez Hernandez
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Hsw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed May 5 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-114-003-252

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 345 No. 7th St.

Hospital

Form V. S. No. 11-C—25m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68316

Registration District No. 84 File No. 78

Primary Registration District No. 2161 Registered No. 2323

FULL NAME OF CHILD Arlo Daniels

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	Apr. 14 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eli Daniels	Lily Rose Beckoff
RESIDENCE	Pauline, Idaho	Pauline, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Malad, Idaho	Bear Lake, Ida
OCCUPATION	Farmer	At Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive at 9 20 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) M. A. Daniels M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed May 5, 1919 O. B. Steely Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 3 1952

395-214-003-484

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68317

County of Bannock

City of Pocatello

Registration District No. 84 File No. 48

No. 5047 3d St.

Primary Registration District No. 2161 Registered No. 2324

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem			yes	Apr 14 1919

FATHER		MOTHER	
FULL NAME	James Liendermann	FULL MAIDEN NAME	Christina Dymak
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Joliett Ill.	BIRTHPLACE	Luke City Nebr
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 17 1919 O B Steely

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-217-003-652

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68318

County of Bannock

City of Pocatello

No. 235 W Fremont St.

Hospital

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2325

FULL NAME OF CHILD Helen Juanita Clements

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	Apr 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. O. Clements	FULL MAIDEN NAME	Julia Marie Westergard
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Salt Lake, Utah	BIRTHPLACE	Denmark
OCCUPATION	Engine Dispatcher	OCCUPATION	H Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Filed May 5, 1919 O B Steele

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 18 1966
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 68318

Date Filed 9-26-66

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Clements (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 17, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Sept 26, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Juanita Clements

Subscribed and sworn to before me this 26 day of September 1966

Leonard E. Ouy
Notary Public, residing at Salt Lake City Utah
My commission expires 10-10-68
(Seal)

Signed Rose M Powers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2709 Chadwick St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON Salt Lake City, Utah

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September 1966

Leonard E. Ouy
Notary Public, residing at Salt Lake City
My commission expires 10-10-68
(Seal)

Signed May L. Tucker
(Signature of Any Credible Person)

830 Sherman Ave.
(Street Address, City, State)
S. L. City Ut.

FORM DH 60-155

CL 8-3-65. one copy pd. rec. #18608.

L.D.S. Church Certificate of Birth, entered on record October 30, 1927 gives full name as Helen Juanita Clements, born April 17, 1913 at Pocatello, Idaho to William C. Clements and Julia Westergard - viewed by V.S.

NOV 16 1966

State of California -
Cert. Copy of own child's birth certificate, copy issued Aug. 5, 1965 gives full name of child as ✗ George Engle, born April 24, 1944 at San Diego, California to Ira Charles Engle and Helen Juanita Clements, age 25, born in Idaho - viewed by V.S.

695-218-003-769

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Florence Hazel Wiedeman

FULL NAME OF CHILD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68319

Registration District No. 84

File No. 49

Primary Registration District No. 2161

Registered No. 2326

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	April 19 1919

FATHER		MOTHER	
FULL NAME	Conrad Wiedeman	FULL MAIDEN NAME	Mearl Porter
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Akron O.	BIRTHPLACE	Centralia Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~still~~) at 5.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed May 5, 1919 O B Steely

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 68319

County of Bannock } Date Filed Apr 25, 1919

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Hazel Wiedeman (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on April 18, 1919 (DATE OF EVENT)

in Pocatello Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Medical record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 25, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Hazel Wiedeman	Florence Hazel Wiedeman
birthdate	April 21, 1919	April 18, 1919

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed William F. Howard Jr.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

1150 Garfield Ave Pocatello Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 8 1942 By

(REGISTRAR'S SIGNATURE)

MAY 1 1 1942

596-125-003-399

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68320

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2327

FULL NAME OF CHILD Paul Erwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Apr 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James C Erwin	FULL MAIDEN NAME	Grace Crist
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Beaver Penn	BIRTHPLACE	Dunnerville O
OCCUPATION	Dist Evangelist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed May 5, 1919 O B Steele

Registrar

MAY 20 1959

DEC 11 1975

133-227-003-4145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 744 N. Hayes St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68321

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2328

FULL NAME OF CHILD ~~Elanor~~ ELEANOR ~~Elaine~~ ELAINE ~~Allard~~ ALLARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	✓	Yes	Apr 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Allard	Matilda Dunlore
RESIDENCE	Pocatello	Pocatello
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Dallas Co Iowa	Bucks Co Penn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .... 6 ... Number of children of this mother now living, including present birth .... 4 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed May 5 19 19 O. B. Healy Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Power }

Certificate No. 68521

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Apr 27 - 1919 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 10 - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elinor	Eleanor Elaine Allard

Subscribed and sworn to before me this
day of , 19 .

Signed Wm Allard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at

My commission expires
(Seal)

Arbon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Power }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Second
day of July, 1942

Signed Matilda Allard
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at American Falls Idaho

My commission expires Aug. 4 - 1943
(Seal)

Arbon Idaho
(Street Address, City, State)

JUL 3 1942

K

OCT 1942

867-102-003-381

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 555 S 3rd St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68322

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2329

FULL NAME OF CHILD Irvin Lee Hopkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 2 1919

FATHER		MOTHER	
FULL NAME	Julius W Hopkins	FULL MAIDEN NAME	Lenia Chandler
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	N. Carolina	BIRTHPLACE	Va
OCCUPATION	Transfer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely H.C.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed May 6 1919 O B Steely Registrar H.C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 27 11 21 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68322

Date Filed May 6, 1919

birth
(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of ..... for Unnamed Hopkins (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1919 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Cert./Disch. (Bible Record, Insurance Policy, Etc.) prepared on 5-13-71 and 12-18-45 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Irvin Lee Hopkins

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of May, 19 71

Thos. R. Little
Notary Public, residing at Pocatello Idaho
My commission expires 7-21-1972
(Seal)

Signed Richard E. Hopkins
(Signature of Any Credible Person)

715 Birch Pocatello Idaho 83201
(Street Address, City, State)

FORM DH 60-155 CL 4/28/71 nm

Certificate of Record of Membership from the L.D.S.Church lists name as Irvin Lee Hopkins born May 2, 1919 at Pocatello, Idaho to Julius W. Hopkins and Tenie Chandler. Blessed August 3, 1919.
Viewed by V.S.

MAY 7 1973

Notice of Separation from U. S/ Naval Service gives name as Irvin Lee Hopkins. Date of Separation December 18, 1945.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294 - 203 - 003 - 279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-3-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68323

County of Bannock.
Name added 3-24-81

City of Pocatello.

No. 237 W. Bridger St.

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2330

Hospital

FULL NAME OF CHILD Elizabeth Ann Sims

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes.	May 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James C Sims	Leatha Ingaborg Spellman
RESIDENCE	Pocatello Idaho.	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	22 (Years)
BIRTHPLACE	Pocatello Idaho.	Pocatello Idaho
OCCUPATION	Grocery Clerk.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) O B Steely M. D.

Physician
(Physician or midwife)

Address Pocatello Idaho.

Filed May 6 1919 O. B. Steely
Registrar
H-C.

1-26-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 5 10 17 AM '81

State of Idaho
County of BANNOCK } ss.

Certificate No. 68323
Date Filed March 2nd 1981

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sims (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-3-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elizabeth Ann Sims

Subscribed and sworn to before me this 2nd day of March, 19 81.

Notary Public, Clifford E. Green
Residing at Keyesville Utah
My commission expires 1-17-82
(Seal)

James B. Perkins
Signature of Applicant

1236 E. 991 So. Kaysville, Utah 84037
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

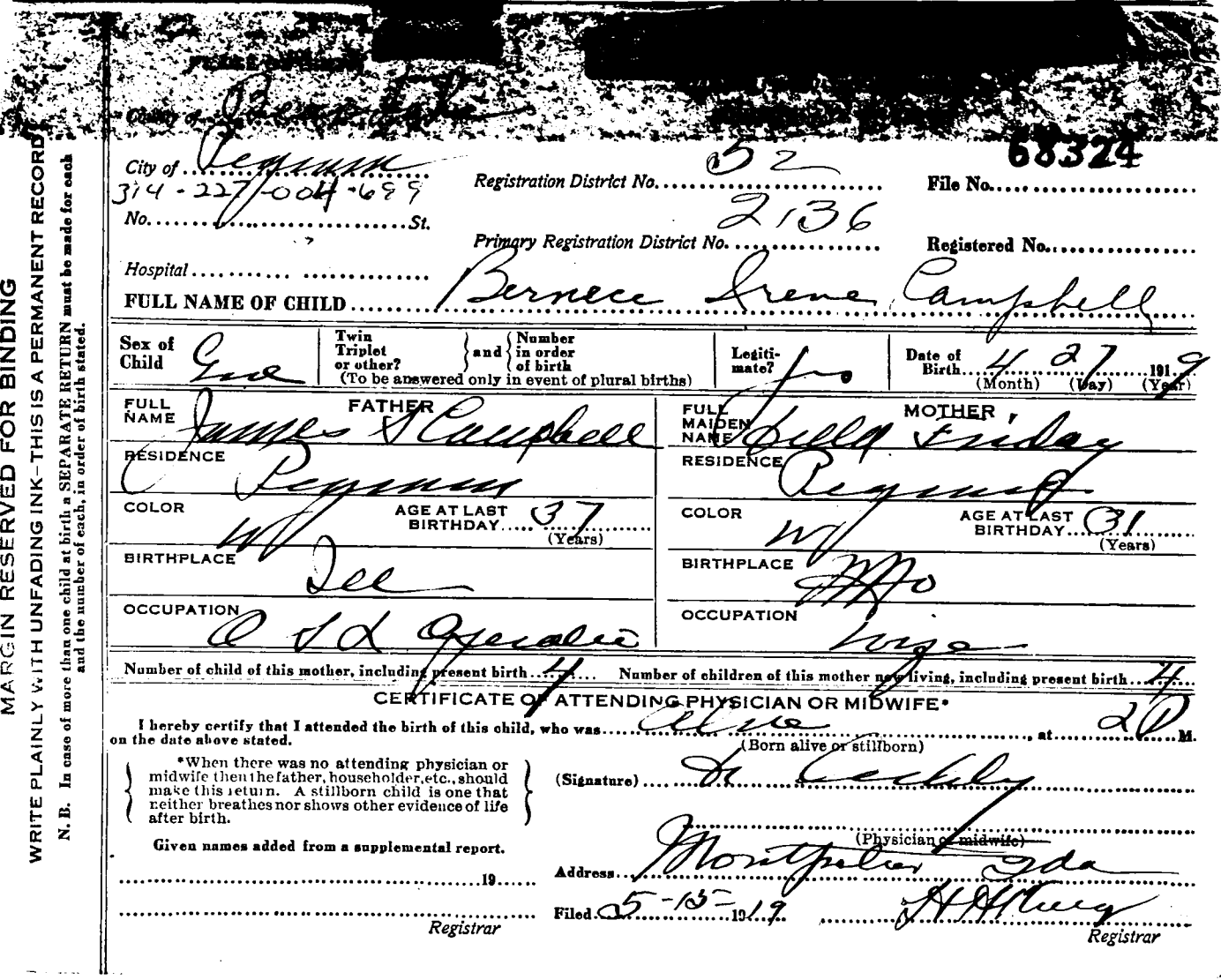
_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Application for policy change gives name as Elizabeth Ann Sims Perkins born May 5, 1919. Application dated January 31, 1976.
Viewed by V.S.

Application from Elizabeth Sims Perkins for insurance to the American National Insurance Company gives name correctly. Inss # B 809884 applied for Dec 2, 1949.
Viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Pegram

No. 314-227-004-699 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 68324

Registered No.

FULL NAME OF CHILD Bernece Irene Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen		Yes	4 27 1919

FATHER		MOTHER	
FULL NAME	James S Campbell	FULL MAIDEN NAME	Lilla Friday
RESIDENCE	Pegram	RESIDENCE	Pegram
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	O & L Operative	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cecily

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 5-15-1919 H H Kerr

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

636-201-004-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68325

County of Bear Lake

City of St Charles

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Zula Rebecca Floyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	V 1 1919

FATHER		MOTHER	
FULL NAME	Lenord Floyd	FULL MAIDEN NAME	Mary E Trimmelling
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	St Charles	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Virgin

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed 5-15-1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS JAN 11 11 06 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 68325

County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Floyd (female) (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1919 (Date of Event)

in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church records (Bible Record, Insurance Policy, Etc.) prepared on 1st, May 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Zula Rebecca Floyd
		(Older sister)

Subscribed and sworn to before me this 18th day of December, 1973

Joseph A. Hacke

Notary Public, residing at Pocatello, Idaho

My commission expires 3/6/74

(Seal)

Signed Mrs. Lois Floyd Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

852 N. Main Brigham City, Ut.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 1973

Joseph A. Hacke

Notary Public, residing at Pocatello, Idaho

My commission expires 3/6/74

(Seal)

Signed Gerald S. Call

(Signature of Any Credible Person)

Swift Road Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11/13/73

Certificate of Blessing from LDS Church gives name as Zula Rebecca Floyd daughter of Leonard Floyd and Polly Tremelling Born May 1, 1919 at St. Charles, Idaho. Was Blessed May 1, 1919. Viewed by V. S.

JAN 21 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Zula Rebecca Floyd daughter of Leonard Floyd and Mary E. Tremelling. Born May 1, 1919 at St. Charles, Idaho. Was Baptized May 5, 1928. and Confirmed May 6, 1928. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUR... ...ITAL STATISTICS

CERTIFICATE OF BIRTH

68326

County of Bear Lake

City of Montpelier

No. 256-101-004/785 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 1 1919

FATHER		MOTHER	
FULL NAME	Philip George	FULL MAIDEN NAME	R. E. Phelps
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 5-15-1919

Registrar

[illegible]

Registrar

NOV 19 1971

414-202-004-864

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 68327

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Marie Maxene Dauchy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1st	Yes	5 2 1919

FATHER		MOTHER	
FULL NAME	Schuyler J. Dauchy	FULL MAIDEN NAME	Gertrude Young
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Stockville, Nebraska	BIRTHPLACE	Stockville, Nebraska
OCCUPATION	R. R. Fireman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho Registrar H. H. King

Filed 5-18-19 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1976

718-102-004-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 68328

County of Bear Lake

City of Georgetown

No. ....., ... St.

Hospital .....

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Elwood Ira Payne

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	May (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Walter Payne	FULL MAIDEN NAME	Ada Smart
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	Glendale, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Georgetown, Bear Lake Co., Idaho

Filed 5-18-1919 H H Kenny Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

4-5-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED APR 8 1971 Bureau of Vital Statistics

Certificate No. 68328

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Payne (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1919 (Date of Event)
in Georgetown (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Elwood Ira Payne

Subscribed and sworn to before me this 7th day of April 1971

Ronald O. Peterson

Notary Public, residing at Montpelier, Idaho

My commission expires 8/23/73

(Seal)

Signed Ada Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April 1971

Ronald O. Peterson

Notary Public, residing at Montpelier, Idaho

My commission expires 8/23/73

(Seal)

Signed Claire M. Hayes
(Signature of Any Credible Person)

P.O. Box 52 Georgetown Ida 83239
(Street Address, City, State)

FORM DH 60-155

Certificate of Ordination to the Holy Priesthood states that
Elwood Ira Payne was ordained a Priest in the L.D.S. Church on May 17, 1936
by Albert Bacon.
Viewed by V.S.

APR 15 1971

Certificate of Baptism and Confirmation certified that Ellwood Ira Payne son
of Nephi Payne and Ada Smart was born May 2, 1919 at Georgetown, Idaho. Baptized
July 3, 1927 in L.D.S.Church.
Viewed by V.S.

852-204-004-912

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 68329

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD May Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 4th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Leslie Hess	FULL MAIDEN NAME	Inger Cecelia Rasmussen
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 5-15-1919

..... Registrar

H H King Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-394453

249-105-004-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—16m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH **68330**

County of Bear Lake

City of Georgetown

No ....., ... St.

Registration District No 52

Primary Registration District No 2186

File No.....

Registered No.....

Hospital .....

FULL NAME OF CHILD Orin George Smit

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Byron Smit	Sarah Ann Larsen
RESIDENCE	Georgetown, Idaho	Georgetown, Idaho
COLOR / AGE AT LAST BIRTHDAY	white / 39 (Years)	white / 29 (Years)
BIRTHPLACE	Farmington, Utah	Georgetown, Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Emma W. Clark

Midwife
(Physician or Midwife)

Address Georgetown, Bear Lake Co., Idaho

Filed 5-15-19

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 12 1963

884-108-004-391

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68331

Registration District No. 52 File No. .....

Primary Registration District No. 2136, Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 8 1919

FATHER		MOTHER	
FULL NAME	Walter Hymas	FULL MAIDEN NAME	Sarah Crassley
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Crosby
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 5-15-19 19

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-103-003-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68332

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2331

FULL NAME OF CHILD ..... Kelly

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 9 1919

FATHER		MOTHER	
FULL NAME	Chas. Leroy Kelly	FULL MAIDEN NAME	Mary Burke
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	North Platte Nebr.	BIRTHPLACE	Laramie Wyo.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1-15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely M.D.

Physician (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 6 1919 O B Steely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

542-212-014-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. 68333

Registered No. 86

FULL NAME OF CHILD Romaine E. Eustace

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: May (Month) 12 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Marion Hawlett Eustace	FULL MAIDEN NAME: Jane Mahan
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: West Virginia
OCCUPATION: Lawyer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Sales, M.D.

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-13- 1919

John L. Meyers Registrar

social security card account #519-14-2558

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 68333

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Missing (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1919 (Date of Event) in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own child's birth certificate #286302, (Bible Record, Insurance Policy, Etc.) prepared on child born Feb. 17, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Romaine E. [illegible] Eustace

Subscribed and sworn to before me this Aug 15 day of August, 1958

J. F. Cromwell
Notary Public, residing at Boise Idaho
My commission expires 4-27-61
(Seal)

Signed Jane M. Eustace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

503 Franklin St, Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of August, 1958

J. F. Cromwell
Notary Public, residing at Boise Idaho
My commission expires 4-27-61
(Seal)

Signed Marion H. Eustace Jr.
(Signature of Any Credible Person)

1715 Heron St. Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155

AUG 18 1958

JAN 5 1959

249-110-014-289 Amended 7/16/73

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 68334

Primary Registration District No. 1005

Registered No. 85

FULL NAME OF CHILD Chan A. Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chauncey Burke	FULL MAIDEN NAME	Alice Shipley
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Marysville, Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Evans M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Registrar

Filed 5-13-1919

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 5 3 25 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 68334

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Burke (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1919 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Chan A. Burke

Subscribed and sworn to before me this 28th day of June, 1973

Charles R. Meyaughey

Notary Public, residing at 10779 Carrol Lane Denver Colo.

My commission expires January 11, 1975

(Seal)

✓ Signed Luther E. Jent

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

45 Harfield St Denver Colo 80206

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.

County of Adams

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1973

Charles R. Meyaughey

Notary Public, residing at 10779 Carrol Lane Denver Colo

My commission expires January 11, 1975

(Seal)

Signed Roy N Kraus

(Signature of Any Credible Person)

4355 Kearney St Denver Colo

(Street Address, City, State)

FORM DH 60-155 CL 5-17-62. nm

United States Army Discharge Army Serial No. 37 120 155 date of discharge September 29, 1945 gives name as Chan A. Burke born May 10, 1919 at Caldwell, Idaho.
Viewed by VS

JUL 1

National Service Life Insurance No. 9- 346-220 march 1, 1943 signed by E. Edwards, Registrar gives name as Chan A. Burke.

Viewed by VS

819-109-014-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68335

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 84

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Harmon	FULL MAIDEN NAME	Inez Halford
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Litchfield, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Norma, M.D. (S.G.M.)
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 5-13- 1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693 - 208 - 014 - 235

name added 1/22/81

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 68336

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 83

FULL NAME OF CHILD Marguerite Jeanette Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Y	May 8 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Charles Fredrick Williams	FULL MAIDEN NAME: Anna Sarah Stevens
RESIDENCE: Caldwell Idaho	RESIDENCE: Caldwell Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

C. M. Kaley M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 5-13-1919

J. L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 5 3 34 PM '80
VITAL STATISTICS

State of _____ } ss.
County of _____

Certificate No. 68336
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 8, 1919 (Date of Event)

in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child s name	o mitted	Marquerite Jeanette Williams

Subscribed and sworn to before me this 1st day of December, 19 80.

Notary Public, Chas A Sammel

Residing at Portland, OR 97233

My commission expires 1984

(Seal)

Marquerite Jeanette Larouette
Signature of Applicant

Box 926 Mattawa Wash 99344
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own daughter's birth certif on file in Idaho (#271031) gives name as Barbara Jean Garoutte born Aug 17, 1938 at Lakefork, Idaho. father's nme as Robert Lee Garoutte and Mother's name as Marguerite Jeanette Williams. viewed by V. S.

JAN 23 1981

Social Secuirty Card #519-12-0986 gives nameas Marguerite J. Garoutte. viewed by V. S

435-108-014-391

PLACE OF BIRTH

Form V. S. No. 11 95m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. 68337

Registered No. 82

FULL NAME OF CHILD MORRIS JAMES McENTEE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maurice James McEntee	FULL MAIDEN NAME	Ropy Craig
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Clothier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Registrar

Filed 5-13-1919

John F. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Washington } ss.

Certificate No. 68337

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McEntee (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal record & insurance policy (Metropolitan Life) #34564854 2/8/1935 1/12/31 are:
(Bible Record, Insurance Policy, Etc.) prepared on (Give Date) all these viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Missing	x Morris James McEntee
Morris James McEntee	Morris James	

Subscribed and sworn to before me this 21 day of June, 1955
Edna E. Pregnat
Notary Public, residing at Hillsboro, Ore.
My commission expires 11-28-58
(Seal)

Signed Morris James McEntee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
641 E. Main, Hillsboro Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 1955
Edna E. Pregnat
Notary Public, residing at Hillsboro, Or
My commission expires 11-28-58
(Seal)

Signed Rosie Tamara McEntee
(Signature of Any Credible Person)
641 E Main St
Hillsboro Oregon
(Street Address, City, State)

DPH 52.155

also Certificate of Discharge from Conservation Corps July 25, 1936
School Record dated Nov. 20, 1938.

JUN 28 1955

462 - 205 - 014 - 814

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 68338

Primary Registration District No. 2005

Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	S	2	Yes	May 5 1917

FATHER		MOTHER	
FULL NAME	Oscar Moberly	FULL MAIDEN NAME	Merl A. Hadsel
RESIDENCE	Middleton R.F.D.	RESIDENCE	near Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Arapaho Co Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

(Signature) J. M. Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 5-7-1917 John L. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-101-014-796

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 68339

Primary Registration District No. 1005 — Registered No. 80

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Other		Yes	May 1 1919

FATHER		MOTHER	
FULL NAME	Oval Elmer Shields	FULL MAIDEN NAME	Della Frances Prock
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Henry

Physician or midwife

Address Caldwell Ida.

Filed 5 7 1919 — John H. Meyer, Registrar

..... 19 .....

Registrar

413-201-014-85-1

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. _____ St.

Hospital _____

Registration District No. 3 File No. 68340

Primary Registration District No. 2005 Registered No. 79

FULL NAME OF CHILD May Matsumoto May Takako Matsumoto

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2nd	yes	5 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Morio Matsumoto	FULL MAIDEN NAME	Hayaka Inaba
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	R. R. Foreman	OCCUPATION	House Wife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M.D.

(Physician or midwife)

Address Middleton Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 5-11-1919 John S. Meyer Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. # 68240

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Mary Matsumoto who was born on May 1, 1919
(Name on original certificate) (Was born or died) (Date of event)
in Middleton, Idaho are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	May Matsumoto	Mary Takako Matsumoto

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of October, 1945

Notary Public, residing at Caldwell Ida

My commission expires May 19, 1945
[SEAL]

Signed M. Matsumoto
(Signature of any credible person other than the previous affiant.)

Middleton Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-127-014-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68341

County of Canyon

City of Caldwell R.F.D.

Registration District No. 8

File No. 68341

No. ..... St.

Primary Registration District No. 2005

Registered No. 78

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	yes	4 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred E. Jordan	FULL MAIDEN NAME	Ethel Burns
RESIDENCE	Caldwell Ida R.F.D.	RESIDENCE	Caldwell Ida R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Elderado Kans	BIRTHPLACE	Cedar Rapids Ia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 5-7-1919 [signature]

Registrar

Registrar

431-126-014-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 68342

Registered No. 77

FULL NAME OF CHILD Floyd Dana McArthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ward McArthur	FULL MAIDEN NAME	Geneva Bullock
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Elmore, Minnesota	BIRTHPLACE	Blanchard, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Registrar

Filed 4-27-1919 Job S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of near Homedale

No. 168-225-037-663 St.

Hospital

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 3 File [redacted]

Primary Registration District No. 2005 Registered No. 76

FULL NAME OF CHILD Mae J. Johnstone

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S.	2	Yes	4 (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Johnstone	FULL MAIDEN NAME	Emma Wolf
RESIDENCE	Homedale Id R.F.D.	RESIDENCE	Homedale Id R.F.D.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gere M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed 5-17 1919 John S. Meyer

Registrar

5-7-1919 J.S.M.

ORD

Form V. S. No. 11-O—25m . 2-4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kingfisher

City of Green Mountain

Registration District No. 3

File No. 68343

tate of Idaho Marriage License and Certificate, Payette County, #3187 gives full name of groom as Kenneth Bradley Wagner and full maiden name of bride as Mae Janet Johnstone - marriage license obtained Dec. 29, 1939 - married on Dec. 31, 1939 at Emmett, Idaho - license obtained in Payette Co. - Viewed by V.S. and State of Oregon, Notification of Birth Reg., No. 1512, Dec. 3, 1942 at Eugene, Oregon - gives full maiden name of mother as Mae J. Johnstone - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho letter received from Mrs. Mae J. Wagner (nee Mae Janet Johnstone) requesting that her Certificate No. 68343

County of Owyhee full name be added as Mae J. Johnstone instead of Mae Janet Johnstone - VS Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Johnstone (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1919 (Date of Event)

in near Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mae Janet [redacted] Johnstone
		Mae J. Johnstone

Subscribed and sworn to before me this 17 day of November, 19 60.

Notary Public, residing at Marsing, Idaho

My commission expires 9-10-64

(Seal)

Signed Mrs. James Johnstone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marsing, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11-14-60. one copy pd. receipt #08453.

DEC 15 1960

393-225-[illegible]

PLACE OF BIRTH

[illegible]

[illegible]

[illegible]

County of Jamaica

City of Caldwell

Registration District No. 3

68349

No. ..... St.

Primary Registration District No. 2005

Registered No. 75

Hospital .....

FULL NAME OF CHILD Betty Jean Little

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam B. Little	FULL MAIDEN NAME	Sadie Alvey
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	St. John, Kentucky
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Young, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 4-27-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3/14/41 I. B.

485-224-014-168

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68345

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 74

FULL NAME OF CHILD Clara Mary Myers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 24 1919

FATHER		MOTHER	
FULL NAME	Ray F. Myers	FULL MAIDEN NAME	Nina M. Johnson
RESIDENCE	Garden Valley, Idaho	RESIDENCE	Garden Valley - Idaho
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell - Idaho

Filed May 10 1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 13 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-223-014-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68346

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2025

Registered No. 73

Hospital

FULL NAME OF CHILD Faye Lorene Jensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 23 1917

	FATHER	MOTHER
FULL NAME	Charles James Jensen	FULL MAIDEN NAME Florence Lewsom
RESIDENCE	Caldwell Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	27 (Years)
BIRTHPLACE	Lehi, Utah	Rock Rapids, Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 9.50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) James A. Young M.D. (Physician or midwife)

Address Caldwell, Idaho

19

Registrar

Filed 4-27-1917 John H. Meyer Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 6846

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Faylorene Jensen

Subscribed and sworn to before me this 24th day of November, 19 42

Marion E. Doe

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(Seal)

Signed Charles James Jensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 23 1942

219-121-014-312 Amended child's 1st name, 09-26-02, RDF

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 68347

No. RFD St.

Primary Registration District No. 2005

Registered No. 72

Hospital

FULL NAME OF CHILD ~~Oral~~ Oral Dennis Sargent

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S	2	Yes	4-21-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles L. Sargent	FULL MAIDEN NAME	Marea Casbourn
RESIDENCE	Caldwell Id RFD	RESIDENCE	Caldwell Id RFD
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lacona Ia	BIRTHPLACE	Montrose Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue MD

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Registrar

Filed 4-24-1919 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
VITAL STATISTICS

02 SEP 24 AM 9:56

SEP 17 2002

paid

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1919-68347

Date Filed Apr 24, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Orel Dennis Sargent (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 21, 1919 (Date of Event)

in Caldwell Idaho (Canyon County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Orel	Oral
~~Mother's entire name~~	~~Merla Osbourn~~	~~Merla Osbourn~~

Subscribed and sworn to before me this 23rd day of September, 2002.

Notary Public, [signature]

Residing at Caldwell Idaho 83605

My commission expires 11/1/2004
(Seal)

TERRY L. DURBIN
NOTARY PUBLIC
STATE OF IDAHO

X Orel D. Sargent
Signature of Applicant

X 1711 SANDLEWOOD CALDWELL IDAHO
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed _____)

(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Honorable discharge, from U. S. Army, dated October 12, 1945, states first name as Oral.

Own child's birth certificate (#1952-11348), dated September 10, 1952, states father's first name as Oral.

814-221-014-266

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

68348

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 1 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 71

FULL NAME OF CHILD Opal Mae Hamner

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 21 1919

FATHER	MOTHER
FULL NAME Ralph Hamner	FULL MAIDEN NAME Minnie Bow
RESIDENCE Caldwell, Idaho, Route 1	RESIDENCE Caldwell, Idaho, Route 1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Greenfield, Missouri	BIRTHPLACE Harvey, Texas
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed 11-27-1942

John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1962

APR 5 19

392-118-014-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Hospital

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68349

Registration District No. 3 File No.

Primary Registration District No. 20[illegible] Registered No. 70

FULL NAME OF CHILD Oral B. Fish

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 18 1919

FATHER		MOTHER	
FULL NAME	Ira Fish	FULL MAIDEN NAME	Mary Woodcock
RESIDENCE	Caldwell, Route 2	RESIDENCE	Caldwell, R. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Arcola, Iowa	BIRTHPLACE	Gem, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Yeamans M.D.
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

K 19

Registrar

Filed 4-27- 1919 John L. Meyers
Registrar

JAN 7 1959

JUN 17 1946

466-118-014-298

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 9-20-45

County of Canyon
City of Caldwell
No. Route 6 St.
Hospital

Registration District No. 3
Primary Registration District No. 2005

File No. 68350
Registered No. 69

FULL NAME OF CHILD Leighton Jay Downing
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 18 1941

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	William H. Downing	FULL MAIDEN NAME	Eva May Bryant
RESIDENCE	Caldwell, Idaho, Route 6	RESIDENCE	Caldwell, Idaho, Route 6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed April 27 1941 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 68350
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Downing	Leighton Jay Downing

Subscribed and sworn to before me this 20th day of Sept 19 45
Mabel Elder
Notary Public, residing at Boise, Ida
My commission expires May 9 - 1949
(Seal)

Signed Eva Mae Downing
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Sept 19 45
Mabel Elder
Notary Public, residing at Boise
My commission expires May 9 - 1949
(Seal)

Signed Lulu M. Haylett
(Signature of Any Credible Person)
(Street Address, City, State)

SEP 2 6 1945

235-212-037-968

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68351

County of Owyhee

City of Homedale Idaho. Registration District No. 3 File No.

No. St. Primary Registration District No. 2005 Registered No. 68

Hospital na

FULL NAME OF CHILD Rosie Minnie Steinke

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 17 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Steinke	Caroline Rohbein
RESIDENCE	Homedale Idaho.	Homedale Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	37
BIRTHPLACE	Germany	Germany
OCCUPATION	Farming	H. wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John C. Meyer M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Caldwell Idaho.

Filed 4-18-1919 John C. Meyer
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 66551

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Minnie Rose	Rosie Minnie Steinke

Subscribed and sworn to before me this 8th day of June, 1942

Signed Caroline Steinke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Arlington, Oregon

My commission expires ..... (Seal)

Arlington Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

JUN 9 1942

DEATH
APR 18 1945
JUN 15 1942

918-117-014-455

PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68352

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 67

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burt Raymond	FULL MAIDEN NAME	Ora Devalt
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bricylan, Minnesota	BIRTHPLACE	Total, Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Young M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 4-18- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-116-014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68353

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 66

FULL NAME OF CHILD Wallace Leonard Goodwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Lawson Goodwin	FULL MAIDEN NAME	Ava Essie Wilson
RESIDENCE	Vale, Oregon	RESIDENCE	Vale, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Oklahoma
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

O. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 4-18- 1919 John H. Meyer Registrar

218-114-014-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68354

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 65

FULL NAME OF CHILD David Franklin Bay

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth: 1

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Apr. (Month) 14th (Day) 1919 (Year)

FATHER

FULL NAME: Wm. David Bay

RESIDENCE: Caldwell Ida.

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Sheridan Co. Nebr.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Ruby Lilian Baxter

RESIDENCE: Caldwell Ida.

COLOR: White AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Coleman Ida.

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~dead~~) on the date above stated. Apr. 14th, at 10:45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kenny

(Physician or ~~midwife~~)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-18-1919

John S. Meyer Registrar

2/20/41 L. B.

351-213-014-331

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 68355

Primary Registration District No. 2005 Registered No. 64

FULL NAME OF CHILD Roberta Flora Leavell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	Yes	April 13 1918

FATHER		MOTHER	
FULL NAME	Frank Leavell	FULL MAIDEN NAME	Lela Clark
RESIDENCE	R3 Nampa Idaho	RESIDENCE	R3 Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Independence, Kansas	BIRTHPLACE	Canada (Fleshetter)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James A. Youngs M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 4-18-1918 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35-1-113-014-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68356

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 63

FULL NAME OF CHILD Benjamin Floyd Leavell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	twin	2	Yes	April 13 (Month) (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Leavell	FULL MAIDEN NAME	Lela Clark
RESIDENCE	R 3 Nampa Idaho	RESIDENCE	R 3, Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Independence, Kansas	BIRTHPLACE	Canada (Henkeston)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) James A. Young M.D.
(Physician or midwife)

..... 19..... Address Caldwell, Idaho

..... Registrar Filed 4-16-1919 John L. Meyer Registrar

331-110-014-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder R.F.D. 1 Registration District No. 3 File No. 68357

No. ..... St. Primary Registration District No. 2005 Registered No. 62

Hospital ..... Wilford

FULL NAME OF CHILD ~~Wilfred~~ Harold Clark

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	1	Yes	4-10-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude C. Clark	FULL MAIDEN NAME	Verona Donner
RESIDENCE	Wilder R.F.D. 1	RESIDENCE	Wilder R.F.D. 1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Grand Island Neb	BIRTHPLACE	Hall Co Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gore

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

..... Registrar

Filed 4-12-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kooskia — Registration District No. 106 — File No. 68358

No. ____ St. — Primary Registration District No. 2184 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Pearl Irene Mohr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 21 1919

FATHER		MOTHER	
FULL NAME	Henry Mohr	FULL MAIDEN NAME	Edith Squires
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Westerhouse
Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1919 J. M. Westerhouse
Registrar

.....
Registrar

R-Y CO. 20174

AUG 2 6 1971
OCT 1 1971

155-204-025-356

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 106 File No. 68359

No. ..... St.

Primary Registration District No. 2184 Registered No. 14

Hospital .....

FULL NAME OF CHILD Allen Kennedy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	1	4	yes	April 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Allen Kennedy	FULL MAIDEN NAME	Emma Leonard
RESIDENCE	Stites Ida	RESIDENCE	Stites Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Pottatch
OCCUPATION	farmer	OCCUPATION	Housmife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aline (Born alive or stillborn) April 4 at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. F. Newell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Ida

Filed May 10 1919 J. M. Weber Kennedy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1957

434-203-025-238

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

68360

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 13

FULL NAME OF CHILD Dorothy Olga McMillan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		One	Yes	Apr 3 1919

FATHER	MOTHER
FULL NAME Archie Everett McMillan	FULL MAIDEN NAME Olga Sarah Schmidt
RESIDENCE Stites	RESIDENCE Stites
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE North Dakota
OCCUPATION General work	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 8 20 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Wentworth M.D.

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1919

J. M. Verbeck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-121-025-393

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

68361

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 16

FULL NAME OF CHILD Robert Ellwood Kirby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	April 21 1919

FATHER		MOTHER	
FULL NAME	Ralph Kirby	FULL MAIDEN NAME	Grace Fitting
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38	COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Werbelmore

Physician

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed May 10 1919 J. M. Werbelmore

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-217
029-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS 68362
CERTIFICATE OF BIRTH 68362

County of Latah

City of Troy

Registration District No. 64

File No.

No. St.

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Helen Lenora Bohnson

Sex of Child: Girl

Twin / Triplet or other? and Number in order of birth: 3
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth: April (Month) 17 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Axel Robert Bohnson	FULL MAIDEN NAME: Julia Mattson
RESIDENCE: Troy Idaho	RESIDENCE: Troy Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Wermland Sweden	BIRTHPLACE: Troy Idaho
OCCUPATION: Lumberman	OCCUPATION: House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed April 20 1919

C K Henkle
Registrar

JUL 7 1967

[redacted] 75-1-116
029-268
F BIRTH
Idaho

Form V. S. No. 11-C—20m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68363

City of Troy Registration District No. 64 File No.

No. St. Primary Registration District No. 2144 Registered No.

Hospital

FULL NAME OF CHILD Joel Herbert Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	April 16 1919

FATHER		MOTHER	
FULL NAME	Axel Pearson	FULL MAIDEN NAME	Hilma Bohnson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle
Physician
(Physician or midwife)
Address Troy Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed July 30 1919
C K Henkle
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-125
029-692

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68364

County of Latah

City of Troy

Registration District No. 64

File No.

No. ..... St.

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Leo Edsworth Bohman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	yes	3 25 1919

FATHER		MOTHER	
FULL NAME	John J. Bohman	FULL MAIDEN NAME	Emma Westberg
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed March 4 1919 C K Henkle

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-222-029-944

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 68365

Primary Registration District No. 3144 Registered No. .....

FULL NAME OF CHILD Evelyn May Hilliard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		5	Yes	March 22 1919

FATHER		MOTHER	
FULL NAME	Lou Henry Hilliard	FULL MAIDEN NAME	Anna Davida Rudeen
RESIDENCE	Troy, Idaho.	RESIDENCE	Troy, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Stockton, Illinois	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Sweden, Europe.
		OCCUPATION	House Keeper.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 6 1919

C. K. Henkle Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1976

SEP 2 3 1942

231-122-029-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital ..... Douglas M. Stanton

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68366

Registration District No. 64

Primary Registration District No. 2144

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Douglas M. Stanton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	yes	May 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank L. Stanton	Rose Adelia Samuelson
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Pendeton Oregon.	Troy Idaho
OCCUPATION	Farmer.	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C K Hankle

..... Physician

(Physician or midwife)

Address Troy Idaho

Filed May 22 1919 C K Hankle

Registrar

798-109-029-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68367

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Melvin Joseph Pryne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	9	yes	Mar. 9 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred William Pryne	Elvena Granley
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Pennsylvania	Norway
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar. 9 1919 C. K. Henkle Registrar

DEC 10 195

542-211
004-154

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **68368**

County of Bear Lake

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Amelia May Nuszbaum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	2nd	yes	5/11/1919

FATHER		MOTHER	
FULL NAME	Jacob Nuszbaum	FULL MAIDEN NAME	Emily Anderegg
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	R.R. Fireman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Ida

5-15-19

Filed 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1974

AUG 5 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 864-111-004/299 St.

Registration District No. 52

File No. 68369

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Boy		Yes	5 11

FATHER		MOTHER	
FULL NAME	Edward Hanner	FULL MAIDEN NAME	Ida Bird
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Sanpete
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ashley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Registrar

Filed 5-15 19 9

H H King

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 912-112-004-785 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 68370

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 12 19

FATHER		MOTHER	
FULL NAME	Jo Baskelley	FULL MAIDEN NAME	Alice Phelan
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Ill
OCCUPATION	Dentist	OCCUPATION	Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jo Ashley

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15-19 N B Young

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68371

County of Bear Lake

City of Montpelier

No. 693-212-004/-415 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Geraldine Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	5 12 1919

FATHER		MOTHER	
FULL NAME	Edward Williams	FULL MAIDEN NAME	Stella L Mann
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Tenn	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Gilly

Montpelier (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 5-15 1919 H H King

Registrar

Registrar

FEB 21 1973

893-114-004-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File 68372

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lester Hickman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 14th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. F. Hickman	FULL MAIDEN NAME	Eva L. Williams
RESIDENCE	Border, Wyoming	RESIDENCE	Border, Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Ring Sr

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 5-15-1919

H H Ring
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1957

384-123
013-962

PLACE OF BIRTH

Form [illegible] 8-8-17

[illegible]ATE OF IDAHO
[illegible]OF VITAL STATISTICS
[illegible]FICATE OF BIRTH

68373

County of Camas

City of Manard

Registration District No. Manard

File No.

No. St.

Primary Registration District No. Manard

Registered No.

Hospital

FULL NAME OF CHILD Albert ~~[illegible]~~ King Thurber

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	April 23rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joshua A Thurber	FULL MAIDEN NAME	Elizabeth Robinson
RESIDENCE	3/4 mile N.E. of Manard	RESIDENCE	3/4 mile N.E. of Manard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Richfield Utah	BIRTHPLACE	Paragonah Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joshua A Thurber

Father (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Apr 1919

L Willencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 68373

OCT 13 1943
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alen King Thurber (Name on Original Certificate) who was born (Was Born or Died) on Apr 23 1919 (Date of Event)
in Manard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alen	Albert King Thurber

Subscribed and sworn to before me this 11th
day of October, 1943.

Notary Public, residing at Gooding Ida

My commission expires July 28 1944
(Seal)

Signed Joshua A Thurber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 15 1943

768-108-029-[illegible]

[redacted]

V. S. No. 11-C—Man-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATI[redacted]

CERTIFICATE OF BIRTH [redacted] 68374

County of Latah

City of Troy

Registration District No. 64

File No.

No. ..... St.

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Howard Raymond Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		9	Yes	Mar 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Johnson	FULL MAIDEN NAME	Julia Olsen
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Waseca, Minn	BIRTHPLACE	Waseca, Minn
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Mar 18 1919 C K Henkle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1960
FEB 3 1981

255-209-029-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68375

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Betty Mary Benjamin

Sex of Child Female | Twin, Triplet or other? — | Number in order of birth 1st | Legitimate? yes | Date of Birth Feb. 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jesse P Benjamin	FULL MAIDEN NAME Elsie J. Cook
RESIDENCE Troy Idaho	RESIDENCE Troy-Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Dunlap Iowa	BIRTHPLACE Long Pine-Nebraska
OCCUPATION Farmer	OCCUPATION House Keeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:04 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Hendrickson

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 19 1919

C K Hendrickson

Registrar

DEC 1 1972

791-208-029-215

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68376

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Bernice Marie Granlund

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	Feb 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Granlund	FULL MAIDEN NAME	Anna Sanstrom
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Brick Moulder	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn), at 11.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Troy Idaho

Filed Feb 8 1919 C K Henkle

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-129-029-238

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Latah

City of Troy Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68377

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Stanley Isaac Reed.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Jan. 29 1919

FATHER		MOTHER	
FULL NAME	David Myron Reed.	FULL MAIDEN NAME	Iva Goldie Sly.
RESIDENCE	Troy Ida.	RESIDENCE	Troy Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Marysville Kansas.	BIRTHPLACE	Moscow Ida.
OCCUPATION	Farmer.	OCCUPATION	Farmers Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1230 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. K. Henkle

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 10 1919 A. K. Henkle

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 21 1968

645 - 212 - 025 - 432

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68378

Registration District No. 64 File No. .....

Primary Registration District No. 3144 Registered No. .....

FULL NAME OF CHILD Marguerite Adelia O'Dell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	Jan. 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emmett O'Dell	Margaret McKeehan
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Missouri	Kansas (Both.)
OCCUPATION	Black Smith	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Troy Idaho

Filed Jan 15 1919

C K Henkle Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 1970

813-108-029-652

Form V. S. No. 11-C—[illegible]-9-5-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68379

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Melvin Leroy Halseth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	/	1	yes	Jan. 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Iolt Halseth	FULL MAIDEN NAME	Anna Sophia Westberg
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ordal Norway	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	Dressmaker & House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Jan. 16 1919 C K Henkle

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795 - 203 - 029 - 593

PLACE OF BIRTH

Amended 1/30/74

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68380

Registration District No. 64

Primary Registration District No. 2144

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Pearldean Fay Greear

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 5	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 3 19[illegible]

FATHER		MOTHER	
FULL NAME	James Philip Greear	FULL MAIDEN NAME	Hettie Rice
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Centralia Ill.	BIRTHPLACE	Mascow Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4306 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan. 13 19 17 C K Henkle

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS NOV 15 3 34 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 68380

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Greer (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1919 (Date of Event)

in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Greer	Gearldean Faye Greear
father's last name	Greer	Greear

Subscribed and sworn to before me this 25th day of October, 1973

[signature]

Notary Public, residing at Spokane, Wash.

My commission expires 6-1-76

(Seal)

Signed X Nettie Hughes Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

803 W. 3rd, Spokane, Wn.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.

County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1973

[signature]

Notary Public, residing at Spokane Wash.

My commission expires 6-1-76

(Seal)

Signed X Mrs Maxine B Nance

(Signature of Any Credible Person)

3130 E. 15th, Spokane, Wn.

(Street Address, City, State)

99203

FORM DH 60-155

CL 9/12/73 lbc pd. rec. # 25083

record from Spokane Public Schools gives name as Gearldean Greear. Attended Libby Jr. High School. born 1-3-19. parent listed as J. P. Greear. Enetered 11-30-32. Viewed by V. S.

JAN 30 1974

Marriage License and Certificate for James P. Greear and Nettie Rice. dated Feb. 13, 1907. from Idaho. Viewed by V. S.

Insurance Policy from Southern States Life Ins. Co., Houston, Tex gives name as Gearldean Fay Rice. date of issue July 1, 1964. beneficiary listed as Wesley A. Rice, husband. Viewed by M.V. S.

335-225-025-[illegible]

PLACE OF BIRTH

[redacted] -15-12

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH 68383

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 17

FULL NAME OF CHILD Clara Jean Cleveland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Guy Cleveland	FULL MAIDEN NAME	Ethel Donahue
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 25 Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed May 10 1919 J M Weberkinnon Registrar

Registrar

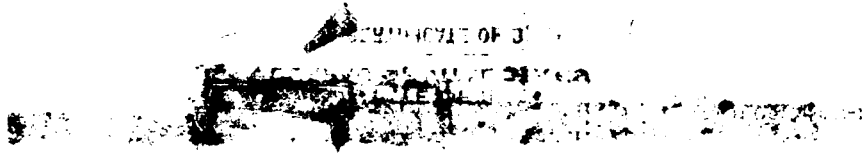
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1944



685-119-018-249

PLACE OF BIRTH

County of Cleerwater

City of Orofino

No. ..... St.

Hospital .....

[redacted] BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATISTICS

68385

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 35

FULL NAME OF CHILD Earle Harold Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X	X	Yes	4/19/19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel R. Wheeler	Ethel Smith
RESIDENCE	Orofino	Orofino
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Earle D. Horswell

(Physician or midwife)

Address Orofino, Ida

Filed May 19 1919

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued January 6, 1941. E.W.

298-216-018-244

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68386

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 34

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 16 1919

FATHER		MOTHER	
FULL NAME	Hamilton Bryant	FULL MAIDEN NAME	Mamie Sumpter
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kentucky	BIRTHPLACE	Wm.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino Ida

Filed Apr 17 1919 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1970

799-114-018-462

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Russell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. **68387**

Primary Registration District No. 2168 Registered No. 33

FULL NAME OF CHILD Donald Grimm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 14 1919

FATHER		MOTHER	
FULL NAME	Frank Grimm	FULL MAIDEN NAME	Mary Moon
RESIDENCE	Russell Ida	RESIDENCE	Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Grimm, Physician

(Physician or midwife)

Address Grangeville, Ida

Filed Apr 15 1919 J. M. Grimm Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-113-018-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 68388

Primary Registration District No. 2168

Registered No. 32

FULL NAME OF CHILD James J. Whitted

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	4/13/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond J. Whitted	FULL MAIDEN NAME	Maud White
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Idaho

Filed May 19 1919 J. M. Faulk Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1951

613-111-018-163

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Fraser

Registration District No. 90

File No. 68389

No. ..... St.

Primary Registration District No. 2168

Registered No. 31

Hospital .....

FULL NAME OF CHILD ~~Lloyd~~ Lyle Earl Watson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		^	Yes	4/11/19 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Watson	FULL MAIDEN NAME	Avis Jolly
RESIDENCE	Fraser	RESIDENCE	Fraser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lofino Ida

Filed May 19 1919 J M Finley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-11-58

PLACE OF BIRTH
944-108-018-396

County of Clearwater

City of Lenore

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 68390

Primary Registration District No. 2168 Registered No. 30

FULL NAME OF CHILD George Riley Ruddell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4/8/1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Guy O. Ruddell	FULL MAIDEN NAME: Elizabeth Crowell
RESIDENCE: Lenore, Idaho	RESIDENCE: Lenore, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) Erle W. Horswill

(Physician or midwife)

Address Orofino, Ida.

Filed May 19, 1919 J. M. Fairly
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Northwestern Mutual Life Insurance Policy gives correct information, April 15, 1937 viewed by V.S. also another Child's birth certificate gives the correct Father's name #112936 viewed by V.S.
Navy Training Course Certificate gives the correct Child's name, Nov. 30, 1941 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 68390

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for George Riley Ruddle (Name on Original Certificate) who born (Was Born or Died) on April 8, 1919 (Date of Event) in Lenore (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insuarnce policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's & Father's Last Name	Ruddle	Ruddell

Subscribed and sworn to before me this 2nd day of June, 19 58

Notary Public, residing at Portland, Oregon.
My commission expires December 27th, 1959.
(Seal)

Signed Elizabeth Ruddell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1911 N.W. Overton St. Portland Ore 97209
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 58.

Notary Public, residing at Portland, Oregon.
My commission expires 11/2/61
(Seal)

Signed Lester Shirley
(Signature of Any Credible Person)

1424 S.E. Morrison St. Portland, Ore.
(Street Address, City, State)

FORM DPH 55. 155

NNCL 5-21-58 nm

617-109-044-24[redacted]

1088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 506 W. Main St.

Hospital

Registration District No. [illegible]

Primary Registration District No. [illegible]

File No. 68398

Registered No. 1

FULL NAME OF CHILD John Arthur Fagerstedt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	#	2		1	9	1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Fagerstedt	FULL MAIDEN NAME	Mary Bundy
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.04 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser, Idaho.

Filed May 1st 1919 [illegible] Registrar

S-Y CO. 24655

[redacted]

[redacted]

[redacted]

361-216-044-349

PLACE OF BIRTH name added 4/23/81

Form V. S. No. 11-C—25m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Ida

Registration District No. 86

File No. 68399

No. — St.

Primary Registration District No. 2412

Registered No. 2

Hospital —

FULL NAME OF CHILD Audrey Margaret Coats

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	1 16 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Coats	FULL MAIDEN NAME	Lula A. Turner
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Cedar Valley Mo.	BIRTHPLACE	Monrovia Iowa
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Turner

Physician

(Physician or midwife)

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton

Registrar

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-19-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 30 1 37 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 68399
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Coats (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-16-19 (Date of Event)
in Weiser (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Audrey Margaret Coats

Subscribed and sworn to before me this 23rd day of January, 1981.
~~Notary Public~~, Mary Kaute
~~Residing at~~ Clerk of the District Court
~~My commission expires~~ By: Lucille Elesick, Deputy
~~(Seal)~~

Audrey Margaret Coats Burns
Signature of Applicant
Rt 1 Box 4 F Vale, Ore 97918
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1981.
~~Notary Public~~, Mary Kaute
~~Residing at~~ Clerk of the District Court
~~My commission expires~~ By: Lucille Elesick, Deputy
(Seal)

Beryl Spratt
Supporting Signature
P O Box 868 Cambridge 83672
Street Address, City, State

1 cc pd

Marriage licesn application from Washington County, Idahc gives name as Melvin Burns and Audrey Coats. dated Aprlt 5, 1939. viewed by V. S.

692-218-044-815

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68400

County of Washington

City of Weiser Ida

Registration District No. 84 File No.

No. — St.

Primary Registration District No. 2412 Registered No. 3

Hospital —

FULL NAME OF CHILD Thelma Frankie Wisdom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	1 (Month) 18 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Wisdom	FULL MAIDEN NAME	Eva May Haverfield
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ironside Ore	BIRTHPLACE	Hermitage Mo.
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 W R Hamilton

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

692-124-044-284

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68401

Registration District No. _____ File No. _____

Primary Registration District No. 11 Registered No. 7

FULL NAME OF CHILD BLAINE WISHART Wishart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry Wishart	FULL MAIDEN NAME	Hattie Shinkle
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waleshouw

physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

_____ 19 _____

Filed May 1st 19 W. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 1942

SEP 26 1955
OCT 5 1955

666-124-044-743

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68402

County of Washington

City of Weiser

Registration District No. 86 File No.

No. Slate St.

Primary Registration District No. 11 Registered No. 5

Hospital

FULL NAME OF CHILD Robert Puckett Woodward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. S. Woodward	FULL MAIDEN NAME	Lillian Puckett
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ind	BIRTHPLACE	Ind.
OCCUPATION	Janitor high school	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 N. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1089

863-227-044-957

Form V. S. No. 11-C—25m-1-1-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. North State St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68403

Registration District No. 56 File No.

Primary Registration District No. 210 Registered No. 6

FULL NAME OF CHILD Florence Leona Yockey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	#	2	Yes	1 (Month) 27 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee P. Yockey	FULL MAIDEN NAME	Elizabeth Reaugh
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Miller	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser, Idaho.

Filed May 5 1919 W. R. Hamilton

Registrar

S-Y CO. 24655

962-127-044-563

PLACE OF BIRTH

[redacted]DAHO
[redacted] STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68404

County of Washington

City of Eatons

Registration District No. 86

File No.

No. St.

Primary Registration District No. 2112

Registered No. 7

Hospital

FULL NAME OF CHILD Paul Edward Robb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward R. Robb	FULL MAIDEN NAME	Ruth Nolan
RESIDENCE	dead	RESIDENCE	Eatons
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	2x
BIRTHPLACE	Ill	BIRTHPLACE	Ore
OCCUPATION	Was Swelchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Walchman

physician (Physician or midwife)

Given names added from a supplemental report.

Address Kiesin Ida

19

Filed May 1st 1919 W R Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1945

154-229-044-799

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 68405

Primary Registration District No. 2112 Registered No. _____

FULL NAME OF CHILD Ellen Hannah Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Samuel O. Anderson	FULL MAIDEN NAME	Lidia Louise Prince
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton

Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-130-044-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68406

County of Washington

City of Eaton

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2112 Registered No. 4

Hospital

FULL NAME OF CHILD Melvin Bennett Motley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Motley	FULL MAIDEN NAME	Bennett
RESIDENCE	Eaton Ida	RESIDENCE	Eaton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

361-131-044-433

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 68407

No. ..... St.

Primary Registration District No. 2112 Registered No. 13

Hospital .....

FULL NAME OF CHILD Robert Alfred Coats

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry O. Coats	FULL MAIDEN NAME	Bertha McCormick
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 W R Hullett

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1967

JUL 13 1967

JAN 13 1943

238-217-044-731

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68408

Registration District No. 84 File No. .....

Primary Registration District No. 1010 Registered No. 11

FULL NAME OF CHILD Helen Alberta Scheloske

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert A Scheloske	FULL MAIDEN NAME	Addie Glasscock
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Weiser Ida
OCCUPATION	Mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 a M. on the date above stated.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1970

JUL 2 7 1944

766-222-044-551

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68409

County of Washington

City of Weiser

Registration District No. 84

File No.

No. Amended 7/14/78 St.

Primary Registration District No. 212

Registered No. 12

Hospital

FULL NAME OF CHILD Lydia Blanche Goode

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence C. Goode	FULL MAIDEN NAME	Bertha D. Evans
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Halesbourn

physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

19

Registrar

Filed May 1st 1919 W R Hamilton

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 14 11 40 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 68409

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lyda Blanch Goode (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1919 (Date of Event)
in Weiser, Idaho (WA) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lyda Blanch Goode	Lydia Blanche Goode

Subscribed and sworn to before me this 10th day of July, 1978

L. Knudson
Notary Public, residing at Caldwell
My commission expires Continuous
(Seal)

Signed Lydia Blanche Terry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

601 Denver Caldwell Idaho 83605
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 7/7/78 one cc as is

Marriage License issued by State of Idaho 1/28/38 gives name of Bride as Lydia Blanche Goode. viewed by V.S.

JUL 14 1978

Hospital records for May 2, 1971 gives name of patient as Lydia Blanche Terry viewed by V.S. (Terry is Lydia Goode's married name)

MAY 6 2004

361-223-044-255

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 68410

No. ..... St.

Primary Registration District No. 2112

Registered No. 13

Hospital .....

FULL NAME OF CHILD Edna Lenora Coats

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burnie O. Coats	FULL MAIDEN NAME	Elva Kendall
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walerhouse

physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19.....

Filed May 1st 1919 W. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 30 1944

154-202-044-134

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Washington

City of Weiser

No. 54 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. [illegible] File No. 68411

Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Mar 2 1919

FATHER		MOTHER	
FULL NAME	Joseph H. Anderson	FULL MAIDEN NAME	Amy Aldridge
RESIDENCE	Weiser Ida	RESIDENCE	~~Leanada~~ Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Mat	BIRTHPLACE	Leanada
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 [illegible] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-103-044-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68412

County of Washington

City of Weiser

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 211 Registered No. 15

Hospital _____

FULL NAME OF CHILD Alonzo Frederick Berrong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W. Berrong	FULL MAIDEN NAME	Edna Swanson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Ga.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

_____ 19__

Filed May 1st 1919 W. R. Hamilton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1955

551-223-044-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68413

County of Washington

City of Inter-Mountain

No. Institute St.

Hospital

Registration District No. 86.

File No.

Primary Registration District No. 2112

Registered No. 16

FULL NAME OF CHILD Catherine Jane Evans

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	#	3	Yes	4 (Month) 23 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Evan R. Evans	FULL MAIDEN NAME	Mable G. McKenzie
RESIDENCE	Inter-Mountain Institute	RESIDENCE	Inter-Mountain Institute
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Canada
OCCUPATION	Dairy Man	OCCUPATION	House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B.Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser, Idaho.

Filed May 14 1919 W R Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1972

791-101-044-659

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68414

Registration District No. 84 File No. .....

Primary Registration District No. 7110 Registered No. 17

FULL NAME OF CHILD Darrel Kenneth Grabb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Conrad J Grabb	FULL MAIDEN NAME	Ethel Kenneth
RESIDENCE	Baker Ore	RESIDENCE	Baker Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Weiser Ida
OCCUPATION	Post office clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Weiser Ida

Filed May 1st 1919 W R Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-204-044-753 Child's name added 8-9-93 MCM

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Nash

City of Weiser

No. 616 E. Com. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 68415

Primary Registration District No. 2112 Registered No. 18

FULL NAME OF CHILD ELSIE MAY Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Miller	FULL MAIDEN NAME	Anna Peterson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mbr	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walchouse

physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

.....19.....

Filed May 1st 1919 N. R. Hamilton

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

RECEIVED

2-22-93

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Nevada
County of Douglas } ss.

COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS UNIT

Certificate No. 68415
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 4, 1919 (Date of Event)

in Weiser (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Miller	Elsie May Miller

Subscribed and sworn to before me this 1st day of June, 1993

Notary Public, Diane Lusich

Residing at 1186 Snowbird Ct

My commission expires

(Seal)

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
DIANE K. LUSICH
My Appointment Expires Nov. 1, 1996

x Elsie M. Kesler
Signature of Applicant

x 4308 Pacheco St
San Francisco, Ca. 94116
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of
County of

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
DIANE K. LUSICH
My Appointment Expires Nov. 1, 1996

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

Christian Baptism certificate shows Elsie May Miller born Mar 4, 1919 in Weiser and baptized Apr 3, 1932 in Church of the Brethren by S Ira Arnold. Viewed by VS MCM.

AUG 9 1993

CA marriage certificate shows Ralph Baney Kesler and Elsie Mae Miller were married July 1, 1941 in Long Beach, CA by Alan S Pearce. Viewed by VS MCM.

113-210-044-386

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68416

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 19

FULL NAME OF CHILD Barbara May Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert H. Jackson	FULL MAIDEN NAME	Pearl May Thompson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 W R Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-108-044-296

Form V. S. No. 11-C—25m-8-3-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68417

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. .....

FULL NAME OF CHILD LORNE DAVID BOWMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mt.		Yes	Jan 8th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie Bowman	FULL MAIDEN NAME	Lottie Bowman
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 1st 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68417

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorne David Bowman
Date	Jan/ 20th	Jan. 8, 1919
Mother's maiden name	Leaaltie	Lottie Brown

Subscribed and sworn to before me this 13 day of Oct, 1942.

H. C. Meehan
Notary Public, residing at Jacksonville Oreg
My commission expires My Commission Expires February 16, 1943
(Seal)

Signed Lottie Anna Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-216-044-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68419

County of Washington

City of Weiser

Registration District No. 86

File No.

No. St.

Primary Registration District No. 2112

Registered No. 22

Hospital

FULL NAME OF CHILD Dorthy Verona Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Frank Harris	FULL MAIDEN NAME	Alpha Verby
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed May 1 1919 W. R. Hamilton

Registrar

FEB 6 1942

962-120-044-469

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

684 20

County of Washington

City of Weiser — Registration District No. 26 — File No.

No. ..... St. — Primary Registration District No. 1010 — Registered No. 23

Hospital .....

FULL NAME OF CHILD Carl S. Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 20 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A Robinson	Ida Morrison
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	3[illegible]
BIRTHPLACE		Iowa
OCCUPATION	none	housewife

Number of child of this mother, including present birth 13 — Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. M. Robinson

Physician (Physician or midwife)

Address Weiser Ida

Filed May 21 19 W. P. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-123-044-154

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68421

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 24

FULL NAME OF CHILD Albert Curtis Everett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene V. Everett	FULL MAIDEN NAME	Clara Andrews
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Baker Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walsh[illegible]

physician
(Physician or midwife)

Given names added from a supplemental report.

Albert Curtis Everett 1919

W. S. Murphy
Registrar
Stat

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 5 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 68421

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Everett (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1919 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Everett	Albert Curtis Everett

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Eugene V Everett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

2305 Fremont, Mod. Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of STANISLAUS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 NO day of
June, 1970

Signed .....
(Signature of Any Credible Person)

LEROY [illegible]
NOTARY PUBLIC - CALIFORNIA
STANISLAUS COUNTY
My Commission Expires Nov. 19, 1973

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5/26/70 1cc pd. rec. # 3575

1114 H Street, Modesto, California

Honorable Discharge Papers gives name as Albert C. Everett. Army Serial No. 39 005 965. Date of Induction March 23, 1941. Signed by. P. M. Livingston, 1st LT. WAC. Viewed by V. S.

Marriage License from state of California gives name as Albert Curtis Everett(Groom) amd brde's name as Nettie Ruth Allsup. Dated March 5, 1947 [illegible] Signed by M. I. Nilson. Lutheran Minister. Viewd by V. S.

434-229-044-142

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Amended 1/19/77

68422

Registration District No. 84

File No.

No. 9th & E. Com. St.

Primary Registration District No. 010

Registered No. 25

Hospital

FULL NAME OF CHILD Reta Pearl McMillan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	March 29 1919

FATHER		MOTHER	
FULL NAME	Hack T. McMillan	FULL MAIDEN NAME	Lillie Amburgey
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Va	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 40 a M. on the date above stated.

(born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed May 1st 19 W. R. Hamilton

—Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/22/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68422

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed McMillen (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1919 (Date of Event)

in Weiser, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed McMillen	Reta Pearl McMillan
Father's name	Hack McMillen	Hach Tivis McMillan

Subscribed and sworn to before me this 30th day of December, 1976

Grace S. Bannon

Notary Public, residing at Prineville Or.

My commission expires 2-17-79

(Seal)

Signed [signature] Galbraith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Witness Wanda Loop, 765 W 3rd Prineville, Oreg

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Crook }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December, 1976

Grace S. Bannon

Notary Public, residing at Prineville Or.

My commission expires 2-17-79

(Seal)

Signed Jack D. Williamson

(Signature of Any Credible Person)

1501 Kramer Rd., Prineville, Or.

(Street Address, City, State)

FORM DH 60-155

copy of Voter's Registrastion gives namda as Reta P. Stephens. husband's name as Alva Skp Stephens. father's nameas Hack T. McMillin. born in Weiser, Idaho. dated Oct 2, 1948. viewed by VS

JAN 19 1977

Notification of birth reg. gives child's name as Stanley Keith Stephens born May 1, 1943 at Prineville, Oregon. father's name as Alva Wayne Stephens and mother's name as Reta Pearl Stpehens. viewed by VS

Certof marriage from Weiser, Idaho gives names as Alva Stephens and Reta McMillan. dated July 3, 1936. viewed by V. S.

Famly record gives nameas Reta McMillan Stephens. father's name as Hack T. McMillan. born 18882 and died 1955. mother's name as Lillie Amburgey. viewed by V. S.

867-103-044-534

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68423

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 26 ~~[illegible]~~

FULL NAME OF CHILD George Elders Hopper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Mar 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Hopper	FULL MAIDEN NAME	Lilly Elders
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	no	BIRTHPLACE	no
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed May 1st 1919 W. R. Hamilton

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-105-044-381

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68424

Registration District No. 8 4

File No. .....

Primary Registration District No. 2 1 1 2

Registered No. 25

FULL NAME OF CHILD Bernard Chandler Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 5 1919

	FATHER	MOTHER
FULL NAME	Oliver R. Hansen	FULL MAIDEN NAME Fern Chandler
RESIDENCE	Weiser Ida	RESIDENCE Weiser Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Alberta Can.	BIRTHPLACE Utah
OCCUPATION	farmer	OCCUPATION housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. M. Walenhorst

Physician

(Physician or midwife)

Address Weiser Ida

Filed May 1st 1919 W. H. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

155-105-044-261

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68425

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. 28

FULL NAME OF CHILD THOMAS SWENSON Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Jensen	FULL MAIDEN NAME	Gebirah Swanson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

..... 19.....

Filed May 1st 1919 W. R. Hamilton

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California) Certificate No 68425
)ss
County of Los Angeles) Date Filed

The undersigned does solemnly swear that certain facts on the certificate

of birth for Thomas Swenson Jensen who was born
(birth or death) (Name on original certificate) (was born or died)

on April 5, 1919 in Weiser, Idaho are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by Certificate #68425 prepared on April 5, 1919 are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Thomas Swenson Jensen

Subscribed and sworn to before me this 24th day of October 1941

Signed Geturah Swenson Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public 119 S. Sloan Ave.
Residing at Compton, California.

310 South Tamarind St.,
Compton, California
(Street address, City, State)

My Commission Expires June 14 1942
My commission expires

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

OCT 27 1941
RECEIVED

State of California)
)ss
County of Los Angeles)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October 1941

Signed Chris Jensen
(Signature of any credible person other than the previous affiant.)

Notary Public 119 S. Sloan Ave
Residing at Compton, Calif.

310 S. Tamarind St
Compton, California
(Street address, City, State)

My Commission Expires June 14, 1942
My commission expires
(SEAL)

243-109-044-415

Form V. S. No. 11-C—21m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68426

Registration District No. 8 ..... File No. .....

Primary Registration District No. 2112 ..... Registered No. 24

FULL NAME OF CHILD David Ray Buchanan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 9 1919

FATHER		MOTHER	
FULL NAME	John H. Buchanan	FULL MAIDEN NAME	Francette Manning
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 ..... Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Weiser Idaho

Filed May 1st 19 19 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 19

-799-210-044-685

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Washington

City of Weiser

No. Amended 5/22/79 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... File No. 68427

Primary Registration District No. 2117 Registered No. 30

FULL NAME OF CHILD Lona Nelda Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Apr 10 1919

FATHER		MOTHER	
FULL NAME	John Robert Price	FULL MAIDEN NAME	Lena Wheeler
RESIDENCE	Cove Ore	RESIDENCE	Cove Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wash.	BIRTHPLACE	Nebr.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 40a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed May 1st 1919 M. R. Hamilton

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1970

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 3 10 30 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 68427
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Price (Female) who was born on April 10, 1919
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Weiser (Washington) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Price	Lona Nelda Price

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Coos }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
April, 1979.

Notary Public, _____
Residing at Coos Bay, Oregon
My commission expires 8-20-79
(Seal)

Mary S. Vehrs
Supporting Signature

540 Tina, Lakeside, Ore.
Street Address, City, State

2-26-79

Voter Registration form gives name as Lona Nelda Downing(marred name) husband's name as Wm. A. Downing. father's names J. R. Price. born at Weiser, Idaho. dated april 3, 1948. viewed by V. S.

MAY 2 2 1979

Certif of Holy Baptism from the Diocese of Eastern Oregon gives name as Lona Nelda Price. dated Nov. 6, 1927. born April 10,1919 at Weiser,Idaho. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 68428

County of Clearwater

City of Elk River

No. 864-709-018-718 St.

Registration District No. 91

File No.

Primary Registration District No. 2168

Registered No.

Hospital Hospital

FULL NAME OF CHILD Vernon Lewis Young

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	one	Yes	May 9, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lonie H. Young	FULL MAIDEN NAME	Edith Payne Payne
RESIDENCE	Elk River	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Boston Mass.	BIRTHPLACE	Sonix Falls S.D.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R. Walton M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Elk River Ida.

, 19

Filed May 23 1919 A. C. MacRae Registrar

Registrar

S-Y CO., 16670

JUN 30 1944
MAY 2 1944
MAY 11 1944
FEB 25 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [illegible]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68429

County of Bonner

City of Sandpoint

No. 454-105-009-318 St.

Hospital

Registration District No. 78

Primary Registration District No. 7155

File No.

Registered No. 1534

FULL NAME OF CHILD Demers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 — 5 — 1919

FATHER		MOTHER	
FULL NAME	Med. Demers	FULL MAIDEN NAME	Margarit Taylor
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint
COLOR	AGE AT LAST BIRTHDAY 43 (Years)	COLOR	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Hink

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Registrar

Filed May 1919 M. McKinnon (Idaho) Registrar

641-201-609-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68430

Registration District No. 18

File No. .....

Primary Registration District No. 7153

Registered No. 1533

FULL NAME OF CHILD Oman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4 - 1 - 19

FATHER		MOTHER	
FULL NAME	Waldemar Oman	FULL MAIDEN NAME	Anna Lo Hund
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 11:55 P. M. on the date above stated.

(Signature) E. B. Patterson

M. D.

(Physician or midwife)

Address Sandpoint Idaho

Filed April 19 19 M. McKinnon (Deputy) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

766-224-009-214

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68431

County of Bonner

City of Sandpoint

Registration District No. 98

File No.

No. St.

Primary Registration District No. 2155

Registered No. 1532

Hospital

FULL NAME OF CHILD Jean Isabel Goodman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	3-24-1919

FATHER		MOTHER	
FULL NAME	Jno. A. Goodman	FULL MAIDEN NAME	May Bauman
RESIDENCE	Doon Idaho	RESIDENCE	Doon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis	BIRTHPLACE	Nebraska
OCCUPATION	Laborn	OCCUPATION	Hinh.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was E. B. Patterson (Born alive ~~or stillborn~~), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Sandpoint Idaho

19

Filed April 1919 M. McKinnon (Sign) Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-209-009-293

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68432

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. 1531

FULL NAME OF CHILD Elsie Berniece Prater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	2 - 9 - 1919

FATHER		MOTHER	
FULL NAME	Harry Prater	FULL MAIDEN NAME	Bernice Kitchen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint Idaho
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Hisp

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Idaho

Filed Feb 1919 M. McKinnon (Sgn) Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cradle Roll Department Certificate, Sandpoint, Idaho M. E. Sunday School, enrolled May 18, 1919 gives full name of child as Elsie Berniece Prater - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonner }

Certificate No. 68432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Prater (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 1919 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Page from Family Bible, prepared on appears old & unaltered gives one child's full name as Elsie Berniece Prater, born (Bible Record, Insurance Policy, Etc.) (Given Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elsie Berniece Prater

Feb. 9, 1919 at Sandpoint, Ida. - viewed by V.S.

Subscribed and sworn to before me this 12th day of June, 1961

Kenneth Rockwood

Notary Public, residing at Sandpoint, Idaho
My commission expires May 28, 1962
(Seal)

Signed Mrs. Bernice Prater
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1001 Poplar St. Sandpoint Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1961

Kenneth Rockwood

Notary Public, residing at Sandpoint, Idaho
My commission expires May 28, 1962
(Seal)

Signed Ethel M. DeMeres
(Signature of Any Credible Person)

1006 Poplar St. Sandpoint, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-1-61. one copy pd. receipt #16747.

JUL 26 1961

168-214-009-684

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68433

County of Bonner

City of Sandpoint — Registration District No. 78 — File No.

No. ..... St. — Primary Registration District No. 2155 — Registered No. 1530

Hospital .....

FULL NAME OF CHILD Evelyn Elizabeth Johnson ~~Johnson~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	3 — 14 — 19

FATHER		MOTHER	
FULL NAME	Charles G. Johnson	FULL MAIDEN NAME	Inez Ohme
RESIDENCE	Cocolalla	RESIDENCE	Cocolalla
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Pa	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. B. Patterson M. D.

(Physician or midwife)

Address Sandpoint Idaho

Filed April 19 19 M. McKinnon (Clerk) Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 23 1965
Bureau of Vital Statistics

State of IDAHO
County of BONNER } ss.

Certificate No. 68433
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Johnson (Name on Original Certificate) who born (Was Born or Died) on March 14, 1919 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ✓ (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evelyn Elizabeth Johnson

Subscribed and sworn to before me this 19 day of February 1965
Floyd H Pehr
Notary Public, residing at SANDPOINT, IDAHO
My commission expires Jan 8 1968
(Seal)

Signed Mrs. Chas. G. Johnson (Irma)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cocolalla, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of FEBRUARY, 1965
Floyd H Pehr
Notary Public, residing at SANDPOINT, IDAHO
My commission expires Jan 8 1968
(Seal)

Signed Floyd G Wendle M.D.
(Signature of Any Credible Person)
Attending Physician
(Street Address, City, State)
418 Euclid Ave.
Sandpoint, Idaho

FORM DPH 55.155 CL 6-8-59. one copy pd.

Certificate of Baptism, Cocolalla Lutheaan Church, Cocolalla, Idaho, baptized Sept. 30, 1926 gives full name as Evelyn Elizabeth Johnson, born March 14, 1919 at Cocolalla, Idaho to Chas. and Irma Johnson - viewed by V.S.

APR 5 1965

Not. of Birth Registration, State of Oregon, gives full name of child as Patricia Louise Keller, born June 17, 1943 at Tillamook, Oregon to Eldon Levi Kellerand Evelyn Elizabeth Johnson - no. 116 - viewed by V.S.

281 - [redacted] -009-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital ..... Z.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible]

68434

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 1579

FULL NAME OF CHILD Lawrence Eugene Shawver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 5 1919

FATHER	MOTHER
FULL NAME Truman A. Shawver	FULL MAIDEN NAME Thelma Leach
RESIDENCE Kootenai	RESIDENCE Kootenai
COLOR W	COLOR
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Arizona
OCCUPATION Laborer	OCCUPATION Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11:56 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. B. Patterson

M. D.
(Physician or midwife)

Address Sandpoint Idaho

Filed May 19 19 M. M. Finnon (Idaho)
Registrar

SEP

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin

Certificate No 68434
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lawrence Eugene Shawver (Name on original certificate) who was born (Was born or died) on May 5-1919 (Date of event)
in Kootenai Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Shawon	Shawver
		Lawrence Eugene Shawver

Subscribed and sworn to before me this 19 day of Sept 1944

Notary Public, residing at Clarkston Wash

My commission expires 2-20-1944

[SEAL]

Signed Mrs. Thelma Shawver Tonke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clarkston Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

645-104-009-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68436

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. 1523

FULL NAME OF CHILD ~~John~~ O'Meara MYRON WILLIAM O'MEARA

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:	Legitimate? Yes	Date of Birth: Apr. (Month) 4 (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	John O'Meara	FULL MAIDEN NAME	Gladys Klaus
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Wis.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon M. D. (Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1917 M. McKinnon (Seal) Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 68436

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for John O'Meara who Born on
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John O'Meara	Myron William O'Meara

Subscribed and sworn to before me this 29th day of October, 1942

Notary Public, residing at Boise, Idaho

My commission expires 5/24/46
(Seal)

Signed John J O'Meara
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

311 Fort St. Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of October, 1942

Notary Public, residing at Boise

My commission expires 5/24/46
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

223 Bradley St. Boise Idaho
(Street Address, City, State)

OCT 2 8 1942

966-109-009-412

PLACE OF BIRTH

AMENDED 9-14-45

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78 File No. 68437

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD LeRoy R. Rowe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	Apr 9, 1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Herbert Darling	FULL MAIDEN NAME: Guthrod Mason
RESIDENCE: Colburn	RESIDENCE: Colburn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mich	BIRTHPLACE: Canada
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon, M. D.
(Physician or midwife)

Address Sandpoint, Idaho

Give names added from a supplemental report.

...., 192....

NAME CHANGED BY COURT ORDER 9-14-45

Filed Apr 1919 M. McKinnon (IKM) Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1945

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SPOKANE

In the Matter of the Change of Name of)
)
)
GEORGE JOSEPH DARLING.)

No. 115191

ORDER CHANGING NAME

This matter coming on for hearing this 8th day of September, 1945 for the undersigned, one of the Judges of the above named Court, on the petition of George Joseph Darling, praying that his name be changed to that of LeRoy R. Rowe, and it appearing to the Court that said George Joseph Darling has been known from childhood under the name of LeRoy R. Rowe, and that he took the name of his foster parents, and it appearing to the Court that it is proper that his name be changed;

IT IS ORDERED, ADJUDGED AND DECREED that the name of George Joseph Darling be, and the same is hereby changed to that of LeRoy R. Rowe.

DONE IN OPEN COURT this 8th day of September, 1945.

CHAS. W. GREENOUGH

Judge

Presented by:

HARRISON M. BERKEY

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL AS THE SAME APPEARS OF RECORD

ATTEST September 10th 1945

COUNTY CLERK AND CLERK OF THE SUPERIOR COURT IN AND FOR THE COUNTY OF SPOKANE STATE OF WASHINGTON

ORBT A. WILSON

BY J. A. Reshoeft Deputy

FILED
SEP 8 1945

253-219-009-493

PLACE OF BIRTH

Form V. S. No. 11-G—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68438

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 1521

Hospital

FULL NAME OF CHILD Bellmore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Apr 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	P. H. Bellmore	FULL MAIDEN NAME	Grace Miles
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. Dakota	BIRTHPLACE	Mo.
OCCUPATION	Railroad Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho.

19

Registrar

Filed Apr 19 19 M. McKinnon (Sgd) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214 - 205 - 009 - 497

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68439

County of Bonner

City of Sandpoint

No. 7 Rural St.

Registration District No. 78

File No.

Primary Registration District No. 7155

Registered No. 1520

Hospital

FULL NAME OF CHILD Katherine Saunders

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 5 1919

	FATHER	MOTHER
FULL NAME	Clarence Saunders	FULL MAIDEN NAME Emma Dibbel
RESIDENCE	Sandpoint Idaho	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Rolfe, Iowa	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Gilbreath

Sandpoint Ida

(Physician or midwife)

Given names added from a supplemental report.

19 Address

Registrar

Filed May 7 1919 M. McKinnon (Deputy) Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12

419-203-009-35-6

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68440

County of Bonner

City of Selle

No. R. F. D. Sandpoint St.

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1519

Hospital

FULL NAME OF CHILD Louise Dailey

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence A. Dailey	FULL MAIDEN NAME	Mary E. Lewis
RESIDENCE	Selle, Idaho	RESIDENCE	Selle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Starkhouse

MD (Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint

19

~~Dr. M. McKinnon~~ ~~(Ikm)~~ Registrar

Filed May 1919 Dr. M. McKinnon (Ikm) Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY [illegible] 1948
MAY 1[illegible] 1948

543-215-009-845

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Aty Hospital

Registration District No. 78

Primary Registration District No. 2155

File No. 68441

Registered No. 1518

FULL NAME OF CHILD Emma Jane Nutter.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Walter Stewart Nutter	FULL MAIDEN NAME	Odelpha Hazel Hunt
RESIDENCE	Glengary Ida	RESIDENCE	Glengary Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Portland Me.	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Real Estate Dealer	OCCUPATION	Post mistress

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Sandpoint Idaho

Filed Apr 1919 Dr. M. McKinnon (DRM) Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

319-219-009-261

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 Second St.

Hospital City

Registration District No. 78

File No. 68442

Primary Registration District No. 2155

Registered No. 1517

FULL NAME OF CHILD Evangeline Linea Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	first. (To be answered only in event of plural births)	Yes	Feb (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Carl Carlson	FULL MAIDEN NAME	Annie Swanson
RESIDENCE	Dover Idaho	RESIDENCE	Dover Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Shipping clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Page MD.

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report.

K 19

Registrar

Filed Feb 1919 M. McKinnon Registrar

S-Y-CO. 38071

958-101-009-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68443

County of Bonner

City of Sandpoint

Registration District No. 18

File No.

No. ..... St.

Primary Registration District No. 2155

Registered No. 1525

Hospital William

FULL NAME OF CHILD Wm James Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Apr 1 — 1919

FATHER		MOTHER	
FULL NAME	Wm Reynolds, Jr.	FULL MAIDEN NAME	Myrtle Beckham
RESIDENCE	Granite Creek	RESIDENCE	Granite Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illionis	BIRTHPLACE	Illionis
OCCUPATION	Railroad Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint Idaho

Filed Apr 1919 M. McKinnon (IKM) Registrar

..... Registrar

MAR 6 1944

255-219-009-753

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

68444

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. 1578

FULL NAME OF CHILD Patricia G. Bendickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Apr 19 1919

FATHER		MOTHER	
FULL NAME	Ole Bendickson	FULL MAIDEN NAME	Pauline Peterson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 6:40 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. McKenzie M.D.
(Physician or midwife)

Address Sandpoint

Filed Apr 1919 M. McKenzie (DRM) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. FEB 28 2 25 PM '72

County of Bonner }

Certificate No. 68444

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bendickson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 19, 1919 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Patricia Gaile Bendickson

Subscribed and sworn to before me this 16th day of February, 19 72

Dorothy M. Evans

Notary Public, residing at NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT SANDPOINT, IDAHO

My commission expires MY COMMISSION EXPIRES OCT. 12, 1975

(Seal)

Signed L. J. Bendickson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #1 Gaile, Idaho 83860

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 19 72

Dorothy M. Evans

Notary Public, residing at NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT SANDPOINT, IDAHO

My commission expires MY COMMISSION EXPIRES OCT. 12, 1975

(Seal)

Signed [signature] (Signature of Any Credible Person)

Box 159 Sandpoint Idaho 83864

(Street Address, City, State)

FORM DH 60-155 CL 2/11/72 nm

Marriage License from Idaho, Kootenai Co. gives groom's name as Robert H. Plunkett and the bride's name as Patricia G. Bendickson. Dated Aug. 16, 1961. Viewed by VS MAR 27 1972

Photocopy of signature card of an inidvidual savings account int the name of Patricia G. Benickson. Account closed Aug. 30, 1961. Viewed by V. S.

985-124-009-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68445

County of Bonner

City of Sandpoint

Registration District No. 78

File No.

No. St.

Primary Registration District No. 455

Registered No. 1527

Hospital

FULL NAME OF CHILD John Theodore Rheinschmidt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 24 1919

FATHER		MOTHER	
FULL NAME	Theodore Rheinschmidt	FULL MAIDEN NAME	Clara Demers
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Auto Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

M. D (Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint Idaho

Registrar

Filed Sept 19 19 M. McKinnon (Signature) Registrar

K

DEC 9 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-224-009-555

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-G—25m-9-8-17

...ATE OF IDAHO
... OF VITAL STATISTICS
...IFICATE OF BIRTH

68446

County of Bonner

City of Sandpoint Registration District No. 78 File No.

No. ..... St. Primary Registration District No. 2155 Registered No. 1526

Hospital

FULL NAME OF CHILD Helen Caroline Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 24 1919

FATHER		MOTHER	
FULL NAME	Ed R. Nelson	FULL MAIDEN NAME	Clara M. Vencent
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Gents Furnisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:14 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Sept 1919 Dr. M. McKinnon (Dem)

Registrar Registrar

DEC 7 1943

262-102-024-275

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68447

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Kobold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George Kobold	FULL MAIDEN NAME	Effie Speakman
RESIDENCE	Gooding	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

..... Registrar

Filed 5-5-1919 F. T. Cary M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-107-024 + 26

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68448

County of Goodding

City of Goodding

No. ..... St.

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Ernest Walter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5—7—19

FATHER

FULL NAME James Franklin Walter

RESIDENCE Goodding Idaho

COLOR W AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Indiana

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mary Virginia Bodwell

RESIDENCE Goodding

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey

..... M. D.
(Physician or midwife)

Address Goodding Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5—8— 1919 F. F. Carey M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. [illegible], 1970. [illegible]

451-211-024-818

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68449

Registration District No. 2014 File No. .....

Primary Registration District No. 10114 Registered No. .....

FULL NAME OF CHILD Baby Meadows

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 (Month) – 11 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Meadows	FULL MAIDEN NAME	Dorothy Hayes
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida.

Filed 5-13- 1919 F. T. Cary M. D.

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

not

295-202-024-249

U. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68450

PLACE OF BIRTH

County of Gooding name added 3/17/81

City of Gooding

No. ..... St.

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Catherine Ann Brehmer

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 5 (Month) — 2 (Day) — 19 (Year)

FATHER	MOTHER
FULL NAME: David Bruce Brehmer	FULL MAIDEN NAME: Francis Smithbauer
RESIDENCE: Gooding Ida.	RESIDENCE: Gooding Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Pennsylvania	BIRTHPLACE: Minnesota
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) F. C. Carey M. D.

(Physician or midwife)

Address Gooding

Filed 5-5- 19 19

F. C. Carey M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FO.. BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
FEB 6 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss.

Certificate No. 68450
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Brehman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-2-19 (Date of Event)

in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Catherine ANN Brehman

Subscribed and sworn to before me this 4 day of Feb., 1981.
Notary Public, Margene Seegfried
Residing at Bountiful Utah
My commission expires My Commission Expires: 10-23-83
(Seal)

X Catherine Ann Brehman Steele
Signature of Applicant
#40 1950 S. 200 W
Street Address, City, State
Bountiful, Utah 84010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ARIZONA
County of MARICOPA } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of January, 1981.
Notary Public, Caron Townes
Residing at 30 N. Gilbert Rd Mesa 85204
My commission expires My Commission Expires Feb. 15, 1983
(Seal)

Mildred Brehman McKeenon
Supporting Signature
2578 E. McKellips Rd #37
Street Address, City, State
Mesa, Az.

1 cc pd

Family Bible record for David Bruce Brehman and Frances Clara Brehman gives child's name asCatherine Ann Brehman born in Gooding, Idaho on May 2, 1919. viewed by BS

Benefit Certificate issued from Royal Neighbors of America gives nameas Catherine Ann Steele. dted april 2, 1935 viewed by V. S.

MAR 7 1981

249-223-024-212

Form U. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68451

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Harriett Elnora Burkhard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilson J. Burkhard	FULL MAIDEN NAME	Mary Baker
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

~~H E~~ M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding

Filed 6-9- 1919 F. T. Cary M.D.

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/2/41 L. B.

DECEASED

Bliss, Idaho, April 26, 1941.

We, Wilson J. Burkhard and Mary E. Burkhard the parents of the daughter whose birth date, April 23, 1919 is recorded in the files of the Bureau of Vital Statistics, Boise, Idaho, do wish to make affidavit that this daughter was named Harriett Elnora Burkhard and has been known by that name ever since.

Mary E. Burkhard Wilson J. Burkhard

STATE OF IDAHO)
) ss.
County of Gooding)

Subscribed and sworn to before me this the 26th day of April, 1941.

~~Notary Public.~~ Clerk District Court
Gooding County

249-220-024-544

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-25-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68452

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Mildred Eleanor Smith Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Apr. (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Finley Smith	FULL MAIDEN NAME	Amanda Edmonston
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ohio	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Gooding Ida.

Filed 5-9- 1919 F. Carey M. D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 15 1956
Bureau of Vital Statistics

State of California
County of Riverside } ss.

Certificate No. 6845b

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1919 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Mildred Eleanor Smith
		Edward Finley Smith

Subscribed and sworn to before me this 5th day of July, 1956.

Notary Public, residing at Hemet, California
My commission expires My Commission Expires January 11, 1959
(Seal)

Signed Amanda Rebecca Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 3 Box 248 Hemet Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

Own Child's Birth Cert. on file: (Idaho Birth) #292090 gives full maiden name of mother as Mildred Eleanor Smith - viewed by V.S.

NOV 14 1966

Filer High School Diploma, Filer, Idaho, May 24, 1938 gives full name as Mildred Eleanor Smith - viewed by V.S.

622-117-024-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **68453**

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Ossacy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr. 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tecumseh Dosery	Pearl Colson
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	23 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Sand M D (Physician or midwife)

Address Gooding

Given names added from a supplemental report

..... 19.....

Filed 5—9—1919 F. L. Carey M.D. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-353628

238-222-024-915

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68454

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 2014 File No. .....

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Scholtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr. 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Sholtes	FULL MAIDEN NAME	Lillie Randall
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding

Filed 5-9-1919 F. T. Cary M.D. Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-117-005-294

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 46

Primary Registration District No. 2123

File No. 68456

Registered No. 65

FULL NAME OF CHILD Neil Marion Nelson.

Sex of Child Male.	Twin Triplet or other? and Number in order of birth (To be answered only in event of [illegible])	Legitimate? Yes	Date of Birth May (Month) 17 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Christian Nelson.	FULL MAIDEN NAME	Alice Simonsen.
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible]	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark, Europe	BIRTHPLACE	Denmark, Europe.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two (2)

Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3-45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

S. A. Herrington, D.C.

Accousheur.

(Physician or midwife)

Plummer, Idaho.

Date 5/24 1919

[illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1948

861-115-014-431

Form V. S. No. 11-C—[illegible]-8-15

PLACE OF BIRTH

County of Nampa

City of _____ Registration District No. 4 File No. _____

No. _____ St. Primary Registration District No. 1008 Registered No. 16

Hospital _____ Mackay

FULL NAME OF CHILD Roy M. Hoagland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	April 15 1919

FATHER		MOTHER	
FULL NAME	Edward Hoagland	FULL MAIDEN NAME	Margret Isabell Mackay
RESIDENCE	Nampa Rout 2	RESIDENCE	Nampa Rout 2 Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah Ethoagland

Midwife (Physician or midwife)

Address [illegible] Rout 4 Idaho

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Apr 17 1919 ~~J. C. Woodward~~ Pearle Dodds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

MAR 6

133-129-014-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nampa

City of

No. St.

Hospital

Registration District No. 4

File No. 68459

Primary Registration District No. 1008

Registered No. 18

FULL NAME OF CHILD Alma Meril Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	April 29 1919

FATHER		MOTHER	
FULL NAME	Joseph F Allen	FULL MAIDEN NAME	Ella Nelson Allen
RESIDENCE	Nampa Idaho R4	RESIDENCE	Nampa Idaho R4
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Smithfield Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8 at alive at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 30 1919 J C Woodward
Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255--201-038-144

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

No. 11-C—25m-1

CERTIFICATE OF BIRTH

460

County of PAYETTE

City of

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1005

Registered No. 19

Hospital

FULL NAME OF CHILD JULIA ANN BEESON.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Femail			Yes	May (Month) Ist (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	JOHN BEESON	FULL MAIDEN NAME	MABEL JUDD
RESIDENCE	PAYETTE IDAHO	RESIDENCE	PAYETTE IDAHO
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	COLDWELL IDAHO	BIRTHPLACE	COLDWELL IDAHO
OCCUPATION	RANCHER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth: second

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald M.D.

(Physician or midwife)

Address PAYETTE, IDAHO.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 1 1919 J. O. Woodward
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-201-038-562

PLACE OF BIRTH

Form ... No. 11-C—...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

File No. 68461

Primary Registration District No. 1008

Registered No. 20

FULL NAME OF CHILD Wilma Afton Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	May 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Hall	FULL MAIDEN NAME	Elsie Nodle
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kendrick Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Drysdale

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address New Plymouth Idaho

Filed May 1 1919 J. C. Woodward Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 3 1951

949-103-038-245

PLACE OF BIRTH

County of Payette

City of Payette

No. 505-7th St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68462

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 21

FULL NAME OF CHILD Elvin W. Zuiderduin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 3 1919

	FATHER	MOTHER
FULL NAME	Gerrit Zuiderduin	FULL MAIDEN NAME Lydia Bunnell
RESIDENCE	Ontario Oregon	RESIDENCE Ontario Oregon
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Holland	BIRTHPLACE Oregon
OCCUPATION	Carpenter Helper	OCCUPATION Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. C. Woodward M.D.
Physician
(Physician or midwife)

Address Payette Ida

Filed May 4 1919 J. C. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #552-16-0763 - gives name as Elvin Woodrow Zuiderduin - viewed by V.S. Insurance Policy, The Prudential, dated Feb 16, 1953, Policy #32 086 198, gives name as Elvin W. Zuiderduin viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
(name to be added to certificate as Elvin W. Zuiderduin)

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of MERCED } ss.

Certificate No. 68462
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Zuiderduin (Name on Original Certificate) who born (Was Born or Died) on May 3, 1919 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by County School Records - Mitchell School, May 31, 1935 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elvin Woodrow Zuiderduin

ELVIN ZUIDERDUIN, Birthdate, May 3, 1919 was graduated from the Mitchell School in Merced County, City of Merced, Calif. Book I, Page 317, Line 2 of Merced County Record of Graduates, May 31, 1935.

Subscribed and sworn to before me this 23rd day of March, 1959.

Notary Public, residing at Merced County, Calif.
My commission expires Sept 4, 1961
(Seal)

Signed Mrs. Pearl Dixon Zuiderduin
(Signature of Any Credible Person Who Knows Facts Stated Above, Such as Parent or Attendant Officiating at Birth; Parent or Attendant, Funeral Director, Informant if Correcting a Death Record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Merced } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of March, 1959.

Notary Public, residing at Merced, California
My commission expires Sept 4, 1961
(Seal)

Signed Everett Zuiderduin
(Signature of Any Credible Person)

P.O. Box 1445 Merced, California
(Street Address, City, State)

FORM DPH 55.155

CL 3-19-59. one copy pd.

355-112-038-25b

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68463

County of Payette

City of Payette Registration District No. 4 File No.

No. St. Primary Registration District No. 1008 Registered No. 23

Hospital

FULL NAME OF CHILD Charles Robert Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 12 1919

FATHER		MOTHER	
FULL NAME	James William Lee	FULL MAIDEN NAME	Augusta Elizabeth Beatty
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Jeffersonville Ind	BIRTHPLACE	Whitman Co Washington
OCCUPATION	Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) J. C. Woodward M.D.
Physician
(Physician or midwife)

Address Payette Ida

Filed May 13 1919 J. C. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-217-038-253

Amended 4-8-64

(Be sure the information is complete and accurate)

State File No. 68464

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 23

Reg. Dist. No. 4

1. PLACE OF BIRTH

a. COUNTY: Payette

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Oregon b. COUNTY: Malheur

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dolores b. (Middle): c. (Last): Simmonds

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 5 - 17 - 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Raleigh b. (Middle): c. (Last): Simmonds

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kansas

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ethel b. (Middle): c. (Last): Bell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Neb.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. L. McDonald

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Payette, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 19, 1919

20. REGISTRAR'S SIGNATURE: J.C. Woodward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED APR 6 1964 Bureau of Vital Statistics

Certificate No. 68464

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Deloris Simmons (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1919 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Deloris Simmons	Dolores Simmonds
Name of father	Rolly Simmons	Raleigh Simmonds
Birthplace of father	Iowa	Kansas

Subscribed and sworn to before me this 6 day of April, 1964

Pearl L. Hurlbert
Notary Public, residing at Payette
My commission expires Sept. 22, 1967
(Seal)

Signed Raleigh W. Simmonds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1911 Fatter Drive Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Public School Diploma gives name as Dolores Simmonds from Lincoln County. Graduated May 10, 1933 W. E. Bolton Chairman of School Borad.
Viewed by V. S.

Childs birth certificate gives name as Dolores Simmonds . Child born Jan. 6, 1948 # 48-1191
Viewed by V. S.

Fathers birth certificate gives name as Raleigh Neal Simmonds issued by Kansas State Board of Helath, Walter E. Keaf, Acting State Registrar. Also gives date of birth as Dec. 10, 1889 and place of birth as Smith Kansas.
Viewed by V. S.

National Guard Honorable Discharge gives name as Raleigh Simmonds born at Smith Kansas Issued by M. G. McConnel, Capt. of Co. G. July 16, 1911.

Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

692-117-038-603

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. 68465

Registered No. 24

FULL NAME OF CHILD Lloyd Lowell Wisbey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	5th., 17, 1919

FATHER

FULL NAME: Oliver Wisbey

RESIDENCE: Payette

COLOR: White

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mildred Okley

RESIDENCE: Payette

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ore.

OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive) (Stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. McDonald

(Physician or midwife)

Address Payette, Idaho.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 19 19 19 J C Woodward Registrar

8-Y CO. 20174

SEP 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Guyon

City of Kuna

No. 314-118-004-343 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1

Registration District No. 124 File No. 1

Primary Registration District No. 2202 Registered No. 27

FULL NAME OF CHILD John Tuttle Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Wm Elmer Campbell	FULL MAIDEN NAME	Bertha Gertrude Tuttle
RESIDENCE	P. O. Kuna Ida R F D #1	RESIDENCE	P O Kuna Ida R F D #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Montpelier Ida	BIRTHPLACE	Decatur Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion G. Fink M.D.

Physician (Physician or midwife)

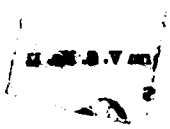
Given names added from a supplemental report.

19

Registrar

Address

Filed 5/27 1919 H. K. Allman Registrar



612-120-001-781

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [redacted]

Registration District No. 124 File No. 08467

Primary Registration District No. 2202 Registered No. 26

FULL NAME OF CHILD James Ralph Washenberger

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb 20 19

	FATHER	MOTHER
FULL NAME	Jas. A. Washenberger	Mary Elma Grayson
RESIDENCE	Kuna Ada	Kuna Ada
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	30 (Years)
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) M A Funk M D

Physician (Physician or midwife)

Address .....

Filed 5/27 19 H. W. Allman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

659-226-001-296

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

68468

City of Kuna

Registration District No. .....

File No. .....

No. ..... St.

Primary Registration District No. .....

Registered No. 28

Hospital .....

FULL NAME OF CHILD Janet Irene Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 26 1919

FATHER		MOTHER	
FULL NAME	Harry Wall Ferguson	FULL MAIDEN NAME	Daisy Ellen Booher
RESIDENCE	Kuna Ada	RESIDENCE	Kuna Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Gov't Irrigation	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Fink MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 5/27 1919

H. R. Allman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1956

SEP 18 1972

349-113-001-412

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68469

County of Ada

City of Kuna

Registration District No. 124 File No. 1

No. ..... St.

Primary Registration District No. 2202 Registered No. 32

Hospital .....

FULL NAME OF CHILD Benjamin Franklin Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj Franklin Curtis	FULL MAIDEN NAME	Emma Dablestin
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive of 1 (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 5/27 1919 H. K. Allerman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1948

FEB 7 1952

348-118-014-236

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68470

County of Canyon

City of ~~Kuna Ida~~

Registration District No. 124 File No. 1

No. ..... St.

Primary Registration District No. 2202 Registered No. 31

Hospital .....

FULL NAME OF CHILD Mervin Glen Fuhriman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Fuhriman	FULL MAIDEN NAME	Mary Louise Kloeffer
RESIDENCE	P.O. Kuna RFD #1	RESIDENCE	P.O. Kuna RFD No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Providence U	BIRTHPLACE	Salt Lake City U
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/27 1919 H K Allsman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-398274

814-110-014-363

Form V. S. No. 11-C—25m-9-8-17.

PLACE OF BIRTH

County of Canyon

City of ~~Vernon~~

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68471

Registration District No. 124 File No. 1

Primary Registration District No. 2203 Registered No. 30

FULL NAME OF CHILD Leonal Hampton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James B. Hampton	FULL MAIDEN NAME	Etta Lott
RESIDENCE	P.O. Luna Ida R F D No I	RESIDENCE	P.O. Luna Ida R F D No I
COLOR	White AGE AT LAST BIRTHDAY 43 (Years)	COLOR	White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Panguitch Utah	BIRTHPLACE	Joseph City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/27 1919 H K Allman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1967

469-115-014-556

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68472

County of Canyon

City of Melba

Registration District No. 124 File No. 1

No. ..... St.

Primary Registration District No. 2202 Registered No. 29

Hospital ..... RICHARD SAMUEL CLARE

FULL NAME OF CHILD ~~Clare~~ Doramus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4/5/1919

FATHER		MOTHER	
FULL NAME	Wm Leroy Doramus	FULL MAIDEN NAME	EMMA Marie Newland
RESIDENCE	Melba Ida	RESIDENCE	Melba Ida
COLOR	Wh AGE AT LAST BIRTHDAY 35 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/27 1919 H K Allsaun

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-K-

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68472

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clare	Richard Samuel Clare Doramus
Mother's name	Marie	Emma Marie Newland

Subscribed and sworn to before me this 25 day of Aug., 19 44

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Marie Doramus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

666-104-023-847

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of .....

Registration District No. ..... File No. 68473

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD* Earnest Fredrick Woody

Sex of Child Male | Twin Triplet or other? other and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Woody	FULL MAIDEN NAME	State Hughes
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Emmett, Ida.	BIRTHPLACE	Star, Ida.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Skippen

Phy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sweet Ida

..... Registrar

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

537-[redacted]
010-319[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Idaho Falls

No. Cliff St.

Name added 4-1-81

Hospital

Registration District No. 13

Primary Registration District No. 2147

File No. 68474

Registered No. 10 f

FULL NAME OF CHILD George Paul Elg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Elg	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Osage City Kan.	BIRTHPLACE	Sweden
OCCUPATION	Father	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed May 19 1919 Wm Kennard

Registrar

1-30-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

FEB [illegible] 81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 1 1 43 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 68474
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Elg (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-10-19 (Date of Event)
in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	George Paul Elg

Subscribed and sworn to before me this 5th day of Feb, 1981.
Notary Public, Dan L Johnson
Residing at Idaho Falls Idaho
My commission expires Life
(Seal)

George Paul Elg
Signature of Applicant
1969 Melody Dr. Idaho Falls Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Feb, 1981.
Notary Public, Dan L Johnson
Residing at Idaho Falls Idaho
My commission expires Life
(Seal)

Elizabeth Elg
Supporting Signature
268 Belmont St. Idaho Falls Idaho 83401
Street Address, City, State

2 cc pd

Honorable Discharge gives name as George Paul Elg, born 5-10-1919, Idaho Falls, Idaho. Entered service August 25, 1944, Issued by U.S. Navy on Feb. 4, 1946.

APR 1 1981

Viewed by V.S.

Certificate of Baptism gives name as George Paul Elg, child of Elmer Elg & Anna Elg. Born May 10, 1919 and Baptized 1930, by Pastor John Strain, said City.

Viewed by V.S.

515-208-010-699 Child's name added 5-1-92 MCM

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68475

County of Bonneville

City of Idaho Falls

No. 10th St.

Hospital

Registration District No. 73

Primary Registration District No. 2110

File No.

Registered No. 107

FULL NAME OF CHILD CHARLOTTE HELEN VAN DORN

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles B. Van Dorn	FULL MAIDEN NAME	Ruth Orin
RESIDENCE	Town Idaho	RESIDENCE	Town Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missoula Mont.	BIRTHPLACE	Pickering Canada
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed May 19 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/17/92

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

RECEIVED
APR 17 1992
COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 68475
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed VanDorn Female (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 8, 1919 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Charlotte Helen Van Dorn

Subscribed and sworn to before me this 17 day of April, 1992.

Notary Public, Teresa L. Clegg
Residing at Boise, Idaho
My commission expires April 3, 1996
(Seal)

Charlotte Helen Lawyer
Signature of Applicant

1040 - 9th St - Idaho Falls, Id 83404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID marriage certificate shows Herbert E Lawyer and Charlotte H Holm age 64 and born in Idaho Falls were married Oct 15, 1983 in Idaho Falls by Thomas John Stutelberg, state file #83-10433. Viewed by VS.

Idaho Falls High School Diploma shows Carlotte Helen Van Dorn graduated May 25, 1938 in Idaho Falls. Viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 364-103-010-284

County of Bonneville

City of Idaho Falls

No. 17 St.

Hospital

Registration District No. 73

Primary Registration District No. 2110

File No. 68476

Registered No. 106

FULL NAME OF CHILD Marion Lyle Coder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Coder	FULL MAIDEN NAME	Tinnie Shuts
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 ~~41~~ (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida.

Registrar

Filed May 19 1919 [signature]

Registrar

369-211-010-381

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 68477

No. ..... St.

Primary Registration District No. 2140 Registered No. 105

Hospital .....

FULL NAME OF CHILD Virginia Lou

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5/11/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gene Lou	FULL MAIDEN NAME	Helen Chau
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	Chinese	COLOR	Chinese
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	San Jose Calif	BIRTHPLACE	San Francisco Cal
OCCUPATION	Cook	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5/11/19 at 3:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Sodenquist

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

..... Registrar

Filed May 12 1919 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-122-010-449

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

68478

Registration District No. 73 File No. .....

Primary Registration District No. 2.1.V.7. Registered No. 1.0.4.

FULL NAME OF CHILD [illegible]

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 22 19

	FATHER	MOTHER
FULL NAME	[illegible]	Evelyn Murray
RESIDENCE	Idaho Falls Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Mont Lebanon Syria	Mont Lebanon Syria
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 4/22/19 at 7:40 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Apr 29 19 19 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1966

962-116-010-962

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. _____ St.

Hospital Home

Registration District No. 73

File No. 68479

Primary Registration District No. 2100

Registered No. 103

FULL NAME OF CHILD Eli Merrill Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oliver Leroy Robinson	FULL MAIDEN NAME	Julia Lott Robinson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Idaho

Filed Apr 28 1919 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1 1944

817-228-010-125

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68480

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

File No. .....

Primary Registration District No. 2150

Registered No. 102

FULL NAME OF CHILD Koko Haga

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seiji Haga	FULL MAIDEN NAME	Iyo Akema
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Ida

Filed Apr 28 1919 [signature] Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-228-010-125

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 16 1930

County of Bonneville

City of Ucon

No. ..... St.

..... (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Koko Haga
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 28, 19 19

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Seiji Haga	FULL MAIDEN NAME	Iyo Akema
Residence (Usual place of abode)	Ucon, Idaho	Residence (Usual place of abode)	Ucon, Idaho
If nonresident, give place and State		If nonresident, give place and State	
Color or race	Yellow	Color or race	Yellow
Age at last Birthday (Years)	33	Age at last Birthday (Years)	27
Birthplace (City and State or Country)	Japan	Birthplace (City and State or Country)	Japan
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs. A. B. Seaman

Midwife
(Physician or midwife)

Address Ucon, Idaho

Filed ..... 19 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2 certified copies issued (6162/6163) 1955

April 7, 1938

231-220-010-695

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68481

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 101

Hospital Sibyl Leona

FULL NAME OF CHILD ~~xxxxxxxxx~~ Slater

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	second	Yes	4/20/1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. D. Slater	FULL MAIDEN NAME	Anna Winters
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas City Mo	BIRTHPLACE	Huntsville Utah
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/20/19 at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Sabergerwith M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Filed Mar 24 1919 Wm Crummel

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

FEB 11 1944

Certificate No. 68481

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Syvil Slater (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 20, 1919 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Blessing certificates. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 6, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Syvil	Sibyl Leona Slater

Subscribed and sworn to before me this 7th day of February 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

148 W. 19th St.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47

(SEAL)

Signed Mrs. David L. [illegible]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

[illegible] (STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1944 By

(REGISTRAR'S SIGNATURE)

FEB 14 1944

231-220-010-695

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68482

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2140 Registered No. 100

Hospital Naomi

FULL NAME OF CHILD Lizzie S. Cater

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	first	Yes	4/20/1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. D. Slater	FULL MAIDEN NAME	Anna Winters
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas City Mo	BIRTHPLACE	Huntsville Utah
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4/20/19 (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Filed Apr. 26 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 11 1944 Certificate No. 68482

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lucile Slater (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 20, 1919 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Blessing certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 6, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lucile	Lucile Naomi Slater

Subscribed and sworn to before me this 9th day of February, 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

148 W. 19th St.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1944

Notary Public, residing at Idaho Falls, Idaho

My commission expires 9-6-47
(SEAL)

Signed Mrs. Lavina [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Left 3 Lucile [illegible]
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1944 By
(REGISTRAR'S SIGNATURE)

FEB 14 1944

665-205-010-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O-[illegible]

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 414 Cedar St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 68483

Primary Registration District No. 2110 Registered No. 99

FULL NAME OF CHILD Rena Beth Owens

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1st	Yes	April 5th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emery Adams Owen	FULL MAIDEN NAME	Elizabeth Griffiths-Owen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Vining, Kansas	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Attorney-at-Law	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David L McDonald M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Apr. 25 1919 [illegible]

Registrar

Certified Copy issued Nov. Dec 4, 1970. L.V.

SEP 1948

JAN 20 1966

493-211-010-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 10th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2156

File No. 68484

Registered No. 98

FULL NAME OF CHILD Helen Louisa Miller

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj. E. Miller	FULL MAIDEN NAME	E Thel Foster
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Deer Lodge Mont.	BIRTHPLACE	Lyman Ida
OCCUPATION	Clerk - C. W. M. Co.	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida.

Filed Apr 24 1919 Wm Kennard

Registrar

619-129-006-137 [redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Registration District No. 121 File No. 68487

Primary Registration District No. 2194 Registered No. 117

Hospital

FULL NAME OF CHILD Unnamed Farnsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 29 1919

	FATHER		MOTHER
FULL NAME	Rodney Farnsworth	FULL MAIDEN NAME	Sarah Bell Alger
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elnora M. Hammond
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moreland

Filed June 8 1919 Mrs Walter E. Patrick
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FARNSWORTH

315-115-006-419

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 68488

Primary Registration District No. 2194

Registered No. 116

FULL NAME OF CHILD Dean Landen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Samuel Landen	FULL MAIDEN NAME	Dora Martinson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida.

19

Registrar

Filed June 8 1919 Mrs Nalin E. Catrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-219 [redacted] 3-693 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

68489

County of Bannock

City of Fort Hall, Id.

No. ——, —— St.

Hospital ——

Registration District No. 121 File No. ——

Primary Registration District No. 2194 Registered No. 115

FULL NAME OF CHILD Jennie Bowden

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	——	——	yes	May 19 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Robert Bowden	FULL MAIDEN NAME	Ruth Lapreal Orchard
RESIDENCE	Fort Hall, Idaho.	RESIDENCE	Fort Hall, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Brigham City, Utah	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Fort Hall, Idaho

Filed June 8 1919 Mrs Walter E. [redacted]

, 19

Registrar

SYMS - YORK CO., PTRS. & S[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

595-208-003-1[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of Fort Hall

No. Not Numbered St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 68490

Registered No. [illegible]

FULL NAME OF CHILD May Etta Nielsen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	yes	May 8 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Niels Peter Nielsen	FULL MAIDEN NAME	Lillie Theresa Pet[illegible]
RESIDENCE	Fort Hall, Idaho.	RESIDENCE	Fort Hall, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Haarber, Denmark	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Address Fort Hall Idaho

Given names added from a supplemental report

....., 19....

Filed June 8 1919 Mrs Nellie E. Patrick Registrar

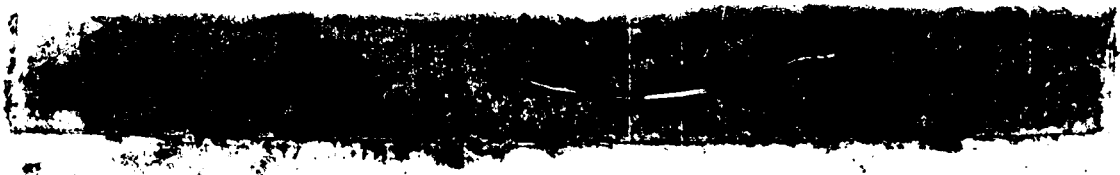
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. [illegible]

68491

City of ~~Blackfoot~~ Moreland Registration District No. 121 File No.

No. RD #14 St.

Primary Registration District No. 2194 Registered No. 125

Hospital

FULL NAME OF CHILD Unnamed McBride

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil McBride	FULL MAIDEN NAME	Ida Luella McKnight
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Registrar

Filed June 8 1919 Mrs Walter E. Patrick

Registrar

295-223-006-615

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 4 St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68492

Primary Registration District No. 2194 Registered No. 124

FULL NAME OF CHILD Maxine Bingham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 3 1919

	FATHER	MOTHER
FULL NAME	E. Edward Bingham	Emma Wangsgard
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 6 1919 Mrs Hallie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 1969
DEC 1 2 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68492

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bingham (female) (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1919 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Maxine Bingham

Subscribed and sworn to before me this 23RD day of DECEMBER, 1972

Douglas R Parkinson

Notary Public, residing at BLACKFOOT, IDAHO

My commission expires 1-1-76

(Seal)

Signed C. Edward Bingham

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 5 Blackfoot Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BINGHAM }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of DECEMBER, 1972

Douglas R Parkinson

Notary Public, residing at BLACKFOOT, IDAHO

My commission expires 1-1-76

(Seal)

Signed Emma W. Bingham

(Signature of Any Credible Person)

R 5 Blackfoot Ida

(Street Address, City, State)

FORM DH 60-155 CL 12/12/72 lcc pd. rec. #6730

K

JAN 3 1973

Certif. of Baptism and Confirmation from LDS Church gives name as Maxine Bingham daughter of E. Edward and Emma Wangsgard. Born May 23, 1919. Was Baptised June 4, 1927. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Maxine Bingham daughter of E. E. Bingham and Emma A. Wangsgard. Born May 23, 1919. Was Blessed Sept. 7, 1919. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-220-006-4551

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 225 N 1 St.

Hospital Name added 2-25-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—20m-9-8-17

68493

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 123

FULL NAME OF CHILD ZELDA Hale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 20 1919

FATHER

FULL NAME Alvin Wilford Hale

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Julia Dean

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot Idaho

Filed June 6 1919 Mrs. Hallie E. Patrick Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 18 9 28 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 68493
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hale (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 20, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Zelda Hale

Subscribed and sworn to before me this 11 day of Feb., 1981.
Notary Public, Ardyth B. Smith
Residing at Nibley, Utah
My commission expires May 25, 1982
(Seal)

+ Zelda H. Lemon
Signature of Applicant
+ 526 West 2nd South, Logan Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Feb., 1981.
Notary Public, Ardyth B. Smith
Residing at Nibley, Utah
My commission expires May 25, 1982
(Seal)

[signature] Bro. AGE 71
(Brother) Supporting Signature
2424 N. Main, Logan Ut. 84321
Street Address, City, State

2/6/81 nm

Passport issured January 30, 1958, gives name as Zelda Hale Wilcox Lemon born May 20, 1919, at Groveland, Idaho.
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Zelda Hale daughter of Alvin W. Hale and Julia Dean, born May 20, 1919, at Groveland Idaho and Baptized June 7, 1927, in L.D.S.Church.
Viewed by V.S.

343-217-006-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#3 St.

Registration District No. 121

File No. 68494

Primary Registration District No. 2194

Registered No. 122

Hospital Ayton

FULL NAME OF CHILD Unnamed Lutz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Albert Lutz	FULL MAIDEN NAME	Mercy Velate Whittington
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Ida.

..... Registrar

Filed June 8 1919 Mr Walter E. Patrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 25, 1940 L.B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 006-919

County of Bingham

City of Blackfoot

No. RD #4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68495

Primary Registration District No. 2194 Registered No. 121

FULL NAME OF CHILD Robert Raine Geyer

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman P. Geyer	FULL MAIDEN NAME	Sarah Raine
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 D.P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician or [redacted])

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot, Idaho

Filed June 8 1919 Mrs Helen E. Patrie

Registrar

SEP 3 1971

APR 10 1986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-207-006-155

PLACE OF BIRTH

Amended 11/9/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

68496

County of Bingham

City of Blackfoot

No. R D # 1 St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 120

FULL NAME OF CHILD Guinivere Hale

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 7 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Eugene C Hale

RESIDENCE Blackfoot Ida

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Sylvia Jensen

RESIDENCE Blackfoot

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Olof Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed June 8 1919 Wm. Nalder E. Tatro Registrar

MAY 21 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 2 1 58 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Madera }

Certificate No. 68496

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hale (female) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by First Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on May 31, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Guinivere Hale

Subscribed and sworn to before me this 28th day of September, 19 78

Signed Sylvia J. Hale (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 13604 Road 21½, Madera

My commission expires July 31, 1979 (Seal)

151 North Park Drive, Madera, Ca.
(Street Address, City, State)

OFFICIAL SEAL
GENEVIEVE BOMPREZZI
NOTARY PUBLIC - CALIFORNIA
COUNTY OF MADERA
My Commission Expires July 31, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Madera }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires (Seal)

(Street Address, City, State)

FORM DH 60-155

CL 9/15/78 nm

First Baptism Certif from LDS Church gives nameas Guinivere Hale dated May 31 1927. viewed b V. S.

NOV 8 1978

Certif of Blessing from the LDS church gives name as Guinivere Hale daughter of Eugene C. Hale and Sylvia L. Jensen. born May 7, 1919 at Groveland, Idaho Blessed June 1, 1919. viewedby V. S.

Membership record from the LDS Church gives nameas Guinivere Hatch born May 7. 1919 at Groveland, Idaho. Blessed June 1, 1919 and Baptized May 31, 1927. married June 2, 192x 1939. father's nameas Eugene Clark Hale and mother's name as Sylvia Laveria Jensen. viewed by V. S.

813-206-006-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68497

County of Bingham

Name added 8-12-88 lh

City of Blackfoot

Registration District No. 121

File No.

No. RD#2 St.

Primary Registration District No. 2194

Registered No. 119

Hospital

FULL NAME OF CHILD Norma Lorraine Halford

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Willard Halford	FULL MAIDEN NAME	Rhoda Young
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Registrar

Filed June 8 1919 Mrs Nellie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-7-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
JUL 18 1988
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 68497
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (Female) Halford (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 6, 1919 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Halford	Norma Lorraine Halford
		Norma Lorraine Halford
		~~Ann~~
		(Anderson)

Subscribed and sworn to before me this 13 day of July, 19 88

Notary Public, Ruby M Rail
Residing at 1207 Fine Oak Lane
My commission expires Jan 13-1991
(Seal)

Norma Lorraine Halford (Anderson)
Signature of Applicant

1508 Tulip Circle, Auburn, Ca. 95603
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

AUG 1 9 1988

Insurance policy from the National Bellas Hess Life Ins. co. - change of name endorsement dated Nov. 29, 1962 gives name of insured as Norma L. Anderson. Policy # 59-5571.
Viewed by V.S.

Birth Certificate of son born Feb. 23, 1940 in Washington, D.C. gives name of mother as Norma Lorraine Halford born in Idaho, age 20. Cert. filed March 1, 1940.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-104-006-366

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Lady St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

68498

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 118

FULL NAME OF CHILD Samuel Bernard Grover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 4 1919

FATHER		MOTHER	
FULL NAME	Archie Alvaro Grover	FULL MAIDEN NAME	Birdie B. Cooper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Peak

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 6 1919 Mrs. Nalie E. Patrie

Registrar

AUG 14 19

766-105-006-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Bladfoot

No. Rose Second St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68499

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 126

FULL NAME OF CHILD Unnamed Goff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Goff	FULL MAIDEN NAME	Mary Lowe
RESIDENCE	Bladfoot, Idaho #1	RESIDENCE	Bladfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	South Africa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife (then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

Physician (Physician or midwife)

Given names added from a supplemental report.

Filed June 19 1919 Mrs Hallie E. Patrick Registrar

Address

Filed 19

815-109-006-451

Form V. S. No. 11-G—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Groseland St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 68500

Registered No. 127

FULL NAME OF CHILD Frank Yancey Augustus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mall		yes	May 9 1919

FATHER		MOTHER	
FULL NAME	Emeron Yancey	FULL MAIDEN NAME	Dorothy Dean
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

Physician (Physician or midwife)

Given names added from a supplemental report.

Filed Jan 9-1919 Mrs Julia E. Fabie Registrar

Address

19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-110-006-219

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68501

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 128

FULL NAME OF CHILD James Callahan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 10 1919

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Charles L. [redacted]		Mable Barlow	
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitcraft M.D.
Blackfoot, Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mrs Hattie E. Patrick
Registrar

June 6 1919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-131-006-897

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Springfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68502

Primary Registration District No. 2194 Registered No. 129

FULL NAME OF CHILD Durant O. Jones

Sex of Child Male | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May (Month) 31 (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Jacob O. Jones	FULL MAIDEN NAME Fannie Higgins
RESIDENCE Springfield Idaho	RESIDENCE Springfield Idaho
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Colorado	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 26 (Years)
	BIRTHPLACE Utah
	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Child (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. McLeod M. D.

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 9 1918. Mrs Nellie E Oathout Registrar

3/25/41 E. B.

113-103-006-464

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

Registration District No. 121 File No. 68503

Primary Registration District No. 2194 Registered No. 130

FULL NAME OF CHILD Martin Edward Jacobson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	May 3 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marc Jacobson	FULL MAIDEN NAME	Annie Madsen
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Norway Norway	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M. H.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed June 9 1919 Mrs Nellie E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362 - 204 - 006 - 692

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. University St.

Hospital

Registration District No. 121 File No. 68504

Primary Registration District No. 1007 Registered No. 131

FULL NAME OF CHILD Thomas Cosgrove Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	May 4 1919

FATHER		MOTHER	
FULL NAME	Tom Cosgrove	FULL MAIDEN NAME	Nancy Bishop
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Cattle Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 9 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-108-006-255

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital France Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 8505

Primary Registration District No. 1007

Registered No. 132

FULL NAME OF CHILD Ernest Deaf Ernest Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V	First	Yes	May 8 1917

FATHER		MOTHER	
FULL NAME	Everett Jones	FULL MAIDEN NAME	Hattie Bennett
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 5 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible] MD

(Physician or midwife)

Address Blackfoot Idaho

Filed June 9 1917 Mrs Nalen E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-113-006-217

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. 124

File No. 68506

Primary Registration District No. 2194

Registered No. 133

FULL NAME OF CHILD George Jansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 12 1919

FATHER		MOTHER	
FULL NAME	George Harry Jensen	FULL MAIDEN NAME	Helen Baxter
RESIDENCE	Groveland	RESIDENCE	Groveland
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Simmons M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 9 1919 W. W. Hales E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-219-006-133

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 128

File No. 68507

Primary Registration District No. 2194

Registered No. 139

FULL NAME OF CHILD Thelma Eva Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	4 / 19 / 1918

	FATHER	MOTHER
FULL NAME	Otto Thomas Jensen	FULL MAIDEN NAME Eva Stella Allen
RESIDENCE	Firth Idaho	RESIDENCE Firth Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James O. Hampton M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed June 10 1918 W. W. Naller E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1976

NOV 5 1942

766-118-006-854

PLACE OF BIRTH amended 5/15/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—Mm-8-8-17

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121

File No. 68508

Primary Registration District No. 2194

Registered No. 134

Hospital

FULL NAME OF CHILD DuWayne Leroy Goodwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		~~1st~~	Yes	May 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Leroy Goodwin	FULL MAIDEN NAME	Hazel Hemingway
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Route 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Lemmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed June 9 1919 Wm Walter E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

MAY 26 1964

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 18 3 26 PM '80

State of _____
County of _____ } ss.

Certificate No. 68508
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Alvin Goodwin (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 19, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	May 19,1919	May 18, 1919
child's name	Alvin Goodinw	DuWayne Leroy Goodwin

Subscribed and sworn to before me this 6 day of April, 1980.

Notary Public, Stephen E. Horne

Residing at 2891 Hartley Ln. Grants Pass, OR

My commission expires Jan 30, 1981

(Seal)

Signature of Applicant

950 Tennessee Dr. Grants Pass Ore. 97526
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

2/6/80 1cc sent as is

Certif of Baptsm fromthe LDS Church gives nameas Duwayne LeRoy Goodwin son of Alvin LeRoy Goodwin and Hazel Lupriel Hemenway baptized Dec 31, dec 192/. viwed by V. S.

Certif of Blessing fromt he LDS Church gives nameas Duwayne Leroy Goodwin son of Alvin Leroy Goodwin and Hazel Lapriel Hemenway. born May 18, 191 9 Blessed July 6, 1919. viewed by V. S.

MAY 15 1990

363-220-006-713

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Pingree St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

68509

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 135

FULL NAME OF CHILD Tresa Marie Lotz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		1st	Yes	May 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamen Lotz	FULL MAIDEN NAME	Marie Patton
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Simmons

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed June 9 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

368-228-006-715

PLACE OF BIRTH

amended 2/20/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

County of Bingham

City of Blackfoot

No. Moreland St.

Registration District No. 121

File No. 68510

Primary Registration District No. 2194

Registered No. 136

Hospital

FULL NAME OF CHILD Ruth Ethel Loy

Sex of Child Female

Twin Triplet or other? and Number in order of birth Four
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 29 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Loy	FULL MAIDEN NAME	Vela Galbraith
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed June 9 1919 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1967
DEC 30 2016

10-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of Arkansas } ss.
County of Stone

NOV 25 11 49 AM '80

Certificate No. 68510
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ruth Ethelyn Loy (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 28, 1919 (Date of Event)

in Moreland (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Ethelyn	Ethel
childs date of birth	May 28, 1919	May 29, 1919

Subscribed and sworn to before me this 19 day of Nov. 1980.

~~Notary Public~~, Patsy Newcomb, Circuit Clerk.
Residing at Mtn View, Ark.
My commission expires 12-31-80
(Seal)

Ruth E. Fields
Signature of Applicant

Box 116 Newnata Pte. Mtn View, Ark.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Nov 1980.

Notary Public, Harley Jemming Jr.
Residing at Notary Public Residing in Blackfoot, Bingham County, Idaho
My commission expires 4-6-1981
(Seal)

Myrtle Loy Sen
Supporting Signature

Route 5 Box 364
Street Address, City, State
Blackfoot, Idaho
83221

Arkansas Driver's license from 1969 gives name as Ruth E. Fields. born May 29, 1919. D.L. # 0066-671. viewed by V. S.

FEB 23 1981

Job applicatin gives name as Ruth Ethel Fields Loy born May 29, 1919. dated Nov 7, 1968. viewed by V. S.

Voter's Registration Czrd gives name as Ruth E. Fields born May 29, 1919 date Aug 9, 1965. viewed by V. S

Social Secutiy Card 429 74 -8821 gives name as Ruth Ethel Fields. viewed by V. S.

813-230-006-663

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Bet. Rivers St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68511

Registration District No. 121 File No.

Primary Registration District No. 2[illegible]94 Registered No. 137

FULL NAME OF CHILD Edwina Charolette Holt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		~~Sixth~~	Yes	May 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dal. Edward Hatch	FULL MAIDEN NAME	Marie Charolette Foley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed June 9 1919 Mrs Walter E. Patrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-131-006-625

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Thanks St.

Hospital KERMIT

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68512

Primary Registration District No. 2194. Registered No. 138.

FULL NAME OF CHILD Randall Anderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8th	Yes	May 31 1917

FATHER		MOTHER	
FULL NAME	Andrew Andreason	FULL MAIDEN NAME	Emma Olsen
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M. D.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 9 1917 Mrs. Walter E. Patrick
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 68512

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kermit Randall Anderson (Name on Original Certificate) who born (Was Born or Died) on May 31, 1919 (Date of Event)
in Iona, Bingham County Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 31, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Randall Anderson	Kermit Randell Anderson
Kermit Randall Anderson		

Subscribed and sworn to before me this 3rd day of July, 1942

C. C. Harper
Notary Public, residing at Blackfoot Idaho.
My commission expires March 26 - 1946
(Seal)

Signed Emma Le Anderson (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. 2 Blackfoot Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of July, 1942

C. C. Harper
Notary Public, residing at Blackfoot Ida.
My commission expires March 26 - 1942
(Seal)

Signed Leone Jones (sister)
(Signature of Any Credible Person Other Than Previous Year)
R 2, Blackfoot, Ida
(Street Address, City, State)

JUL 6 1942

MAY 1 0 1976

JUL 7 1942

247-127-006-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 68513

Primary Registration District No. 1007

Registered No. 140

FULL NAME OF CHILD Donald Clyde Supp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Clyde Supp	FULL MAIDEN NAME	Lula Butt
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rail Road work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed June 10 1919 Mrs Walter E Patrick

Registrar

FEB 18 1970

DECEASED

763-221-006-533

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. 68514

Primary Registration District No. 1007

Registered No. 141

FULL NAME OF CHILD Bessie Belinda Potter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 21 1917

FATHER		MOTHER	
FULL NAME	John R Potter	FULL MAIDEN NAME	Belinda Jane Ellis
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. A. Hampton M.D.

..... (Physician or midwife)

Address Blackfoot Idaho

Filed June 10 1917 Mrs Nalee E Patrie Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1968

613-101-006-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 68515

Primary Registration District No. 2194 Registered No. 142

FULL NAME OF CHILD Unnamed Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Watson	FULL MAIDEN NAME	Elveretta A Wilson
RESIDENCE	Thomas Ida	RESIDENCE	Thomas Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed June 10 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted]

City of Shoshone

862 -130 -032 -248
No. ..... St.

Hospital .....

Form V. S. No. 11—Standard

[redacted] Certificate of Birth

68519

Registration District No. 16

Primary Registration District No. 2016

File No. .....

Registered No. 34

TAKAO

Full Name of Child Otani, George

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: May 30, 1919. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Otani, Yoshio Yoshio	FULL MAIDEN NAME: Yomada, Suyeye
RESIDENCE: Shoshone, Idaho	RESIDENCE: Shoshone, Idaho
COLOR: Japanese AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: Japanese AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Section foreman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field, M.D. (Physician or midwife)

Address Shoshone, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5 1919 J L Fuller Registrar

2 certified copies issued Nov. 25, 1958 PBA
(7379-7380)

DEC 9 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Yellowstone

City of Shoshone

No. 362-103-032-225 St.

Registration District No. 16

Primary Registration District No. 2016

Hospital

File No. 68518

Registered No. 33

Full Name of Child Baby

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elbert M. Loster	FULL MAIDEN NAME	Elva May Skeen
RESIDENCE	Dietrich Ida	RESIDENCE	Dietrich Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed June 3 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted]

City of Shoshone

No. 394-202-032-295 St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68519

Registration District No. 16

File No.

Primary Registration District No. 1016

Registered No. 32

Full Name of Child Jellma May Truman

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jill Truman	FULL MAIDEN NAME	Nellie King
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Dairyman	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed June 3d 1919

[signature]

Registrar

6/2/41 L. B.

68519

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 20 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: mother was not my own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 12 years 8 months 1 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address (For registration notice):
Salt Lake City: 1130 W 1st So. Utah
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Velma May Truman

5. Date of Birth (Month, day, year) June 2, 1919

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dell Truman

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Clay center Kans.
(City or Town) (State or foreign country)

14. Exact Occupation Printer

15. Industry or Business Employing Printer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie May King

17. Color or Race white

18. Age at time of THIS birth 39 yrs

19. Birthplace Avilla Mo.
(City or Town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at 6 a.m. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____, who is
(First name) (Last name)
related to this child as ____
(Mother, etc.)

26. (a) ____ (b) ____
(Date received) (Registrar's signature)

27. Given name added on ____ by ____
(Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D.
(D.O., Midwife, etc.)
and address Shoshone Ida. Date May 18/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693-129-032-493

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 68520

Primary Registration District No. 1016

Registered No. 31

Full Name of Child Daniels, William

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M			Yes	May 29 19 (Month) (Day) (Year)

FATHER

FULL NAME: Daniels, John William

RESIDENCE: Shoshone, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Marysville, Mo.

OCCUPATION: Sheep herding

MOTHER

FULL MAIDEN NAME: Berdensey, Mildred

RESIDENCE: Shoshone, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: New York

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 ... Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Field, M. D.

(Physician or midwife)

Address [redacted], Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [redacted] 19..

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 18 1945

653-131-032-693

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital Dill's

Form V. S. No. 11—2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68521

Registration District No. 16

File No. _____

Primary Registration District No. 2016

Registered No. 30

Full Name of Child Luther Wayne Welch

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH May 31 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Garfield Welch	FULL MAIDEN NAME	Annie Estrel Williamson
RESIDENCE	St Dietrich	RESIDENCE	Dietrich
COLOR	White, AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White, AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Wife,

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed June 2d 1919 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1943

259-128-032-419

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

68522

Registration District No. 16

File No. _____

Primary Registration District No. 2016

Registered No. 29

Full Name of Child _____ RAYMOND HENRY BERNARD

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	7	Yes	May 29 1919

FATHER

FULL NAME: Benait H. Bernard

RESIDENCE: Shoshone

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: France

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Marie

RESIDENCE: Shoshone

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: France

OCCUPATION: Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 31 1919 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

MAR 2 1953

213-108-032-934

PLACE OF BIRTH

County of Ada

City of Shoshone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH 68523

Registration District No. 16

Primary Registration District No. 1016

File No. _____

Registered No. 28

Full Name of Child No Name.

SEX OF CHILD: Male	Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth: 3	Legitimate? Yes	DATE OF BIRTH: May 8 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Domingo Salazar

RESIDENCE: Shoshone

COLOR: White AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Spain

OCCUPATION: Shepherd

MOTHER

FULL MAIDEN NAME: Antonia Guarta

RESIDENCE: Shoshone

COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Spain

OCCUPATION: Keeps House

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed May 9 1919

[signature] Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 417-108-032-763

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

Registration District No. 17

File No. 1 68524

Primary Registration District No. 2 2 0

Registered No. 1

FULL NAME OF CHILD Frances Edgar Maxwell

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Maxwell	FULL MAIDEN NAME	Ethel A Potter
RESIDENCE	Richfield 5 mi South West	RESIDENCE	Richfield 5 mi S. West
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kane Co. Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Idaho

..... Registrar

Filed June 9 1919

[illegible signature]
Registrar

SEP 2 1970

SEP 3 1970

Form U.S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF MINNESOTA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68525

County of Lincoln

City of Richfield

Registration District No. 17 File No. 5

No. 4 mi north 1/2 W. St.

391-214-032-866

Primary Registration District No. 220 Registered No. —

Hospital

FULL NAME OF CHILD Elsie Mag Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 14 1919

FATHER		MOTHER	
FULL NAME	Charles Benson Crane	FULL MAIDEN NAME	Clara Matilda Hoff
RESIDENCE	Richfield 4 mi N 1/2 West	RESIDENCE	Richfield 4 mi N 1/2 W
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Marion New York	BIRTHPLACE	Redwing Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Blown

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address [illegible]

Registrar

Filed [illegible] 19[illegible]

[illegible]

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68

NOV 18 1943

SEP 24 1971

419-123
035-249

PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68526

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 256

Hospital St. Josephs

FULL NAME OF CHILD Wilfred Elmer Marvel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 23 19

FATHER		MOTHER	
FULL NAME	Miles M. Marvel	FULL MAIDEN NAME	Bernice Smith
RESIDENCE	Asotin, Wash	RESIDENCE	Asotin, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Dakota	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11.20A on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Carsson

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston, Idaho

Registrar

Filed June 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-201-035-714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston,

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. 68527

Registered No. 257

FULL NAME OF CHILD Imogen Ruth Boyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 1- 19

FATHER		MOTHER	
FULL NAME	Arthur E. Boyer	FULL MAIDEN NAME	Brigitte R.Paulus ~~Brigette R. Apolis~~
RESIDENCE	Truax ~~Silcott~~, Wash	RESIDENCE	Truax ~~Silcott~~, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	~~Oregon~~ Washington	BIRTHPLACE	Switzerland
OCCUPATION	Agriculturist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Alley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho.

Filed June 10 1919 Dean E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-206-035-219
Amended 10-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68528
Local Reg. No. 258
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Margaret
c. (Last): Helms

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 5 - 6 - 1919

FATHER OF CHILD

7. FULL NAME
a. (First): A.
b. (Middle): G.
c. (Last): Helms

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Oregon

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jessie
b. (Middle):
c. (Last): Barber

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): California

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 3
c. How many children were stillborn (born dead after 20 wks. pregnancy?) -

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. N. Alley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1919

22. REGISTRAR'S SIGNATURE: Susan E. Bruce

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK record typewriter ribbon in completing this certificate. This certificate must be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

RECEIVED
MAY 12 1965
Bureau of Vital Statistics

State of Washington
County of Yakima } ss.

Certificate No. 68528
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Helm (Name on Original Certificate) who born (Was Born or Died) on 5-6-1919 (Date of Event)
in ~~XXXX~~ Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "~~Birth Date,~~" "~~Cause of Death,~~" Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Helms	Mary Margaret Helms
Father's last name	Helms	Helms

Subscribed and sworn to before me this 7th day of May, 1965

Notary Public, residing at Yakima, Washington
My commission expires July 8, 1968
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1965

Notary Public, residing at Yakima, Washington
My commission expires July 8, 1968
(Seal)

Signed Henry Barker (Signature of Any Credible Person)

RT #4 Box 763 Yakima Wash (Street Address, City, State)

FORM DPH 55. 155 — 1 copy pd. rec. #16542. — NNCL 3-5-58

Cert. Copy of Mother's Death Cert., State of Washington, copy issued Dec. 8, 1961, gives full name as Jessie Helms, died Dec. 16, 1934, gives husband's full name as Alva G. Helms - viewed by V.S.

Another child's Birth Cert. on file: (Idaho Birth) #35305 gives full name of father as A. G. Helms - viewed by V.S.

Newspaper Notice of Father's Death - June 23, 1938 gives full name of deceased as Alva George Helms, gives one daughter's full name as Mary Margaret Helms - viewed by V.S.

Cert. Copy of Own Child's Birth Cert., State of Washington, copy issued Feb. 25, 1958 gives full name of child as Gerald Leon Gange, born July 4, 1939 at Yakima, Washington to Milton Leon Gange and Mary Margaret Helms - viewed by V.S.

Statement from Yakima County Supt. of Schools, dated August 9, 1965 at Yakima, Washington - ~~state-he~~ statement has school seal on it - states "this is to certify ~~that~~ that the 1931 school census record on file in the office of the County Superintendent of Schools gives the birthdate of Mary Margaret Helms as May 6, 1919. The record designates Mrs. A.G. Helms as parent."- viewed by V.S.

235-206-035-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68529

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 259

Hospital White

FULL NAME OF CHILD Ruth Charlotte Stembie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	5 (Month) 6 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Roy Stembie	FULL MAIDEN NAME	Cyrene Sile
RESIDENCE	Silcott Wn	RESIDENCE	Silcott Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:45 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White MD

By R. C. Pauley

(Physician ~~or midwife~~)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

Filed June 10 1919 Susan E Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1942

153-211-035-819

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68530

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 260

FULL NAME OF CHILD Infant Jett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5-11-19

FATHER		MOTHER	
FULL NAME	J. W. Jett	FULL MAIDEN NAME	Myrtle Rains
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Alley

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10, 1919

Emma E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-117-035-212

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68531

County of Nez Perce

City of Lewiston - Orchards

Registration District No. 95

File No.

No. St.

Primary Registration District No. 1009

Registered No. 261

Hospital

FULL NAME OF CHILD E. Albert Clair Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May-17-1919

FATHER		MOTHER	
FULL NAME	Charles D. Scott	FULL MAIDEN NAME	Lydia Anna Baker
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Endicott, Wash	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Lewiston, Idaho.

Registrar

Filed June 10 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1967

639-120-035-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]

CERTIFICATE OF BIRTH

68532

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 262

FULL NAME OF CHILD Edwin M. Flinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1919

FATHER		MOTHER	
FULL NAME	Edward M. Flinn	FULL MAIDEN NAME	Beatrice Mounce
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn)* at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Alley

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 10 1919

Registrar

FEB 6 1942

791-E 5-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11a Rev. 1917

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68533

County of Nez Perce

City of Lewiston

No. 2202-7th Ave St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 263

FULL NAME OF CHILD OPAL NADINE Grayson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5-23-19

FATHER		MOTHER	
FULL NAME	W. E. Grayson	FULL MAIDEN NAME	Ida L. Wood
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wash
OCCUPATION	Railroad Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Ashley

(Physician or midwife)

Address Lewiston, Idaho.

Filed June 10 1919

Susan E. Bruce
Registrar

OCT 30 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 68533

State of Idaho } ss.
County of Nez Perce }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Opal Nadene Grayson (Name on Original Certificate) who was Born (Was Born or Died) on May 23/1919 (Date of Event)
in Lewiston / Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 23, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Opal Nadine Grayson

Subscribed and sworn to before me this 24th day of October 19 42

Notary Public, residing at Lewiston

My commission expires April 19th 1944
(Seal)

Signed Ida L Grayson (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1 North Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October 1942

Notary Public, residing at Lewiston, Idaho

My commission expires April 19th 1944
(Seal)

Signed Mrs C N Lowery (Sister)
(Signature of Any Credible Person Other Than Previous Year)

Lapwai Road, Lewiston, Idaho
(Street Address, City, State)

OCT 30 19[illegible]

NOV 2 1942

493-123-035-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68534

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 264

FULL NAME OF CHILD [redacted] Miller Bill Harry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	May 23 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Miller	Myrtle Bush
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Laundry Driver	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-50 P. M. on the date above stated.

(Signature) E. S. White M.D.
By W. C. Pauley
(Physician or ~~midwife~~)

Address .....

Filed June 10 1919 Susan E. Bruce
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 68534

County of Nez Perce } Date Filed APR 15

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Harry Bill Miller (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 23, 1919 (DATE OF EVENT) in Lewiston, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 25, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Harry Bill Miller	Bill Harry Miller

Subscribed and sworn to before me this 13 day of April, 1942

John L. Phillips

Notary Public, residing at Lewiston, Ida

My commission expires 6-21-1945

(SEAL)

Signed Madison E. Miller

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

493-126-035-689

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68535

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. .....

FULL NAME OF CHILD James Paul Michaels

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	5 (Month) 26 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy F. Michaels	FULL MAIDEN NAME	Delia Whitcomb
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.05 P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. White M.W.

By R. E. Pauley Sec

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed 5-10 1919 Susan E Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1971

455-126-035-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68536

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. 301 Snake River Ave

Primary Registration District No. 1009

Registered No. 266

Hospital

FULL NAME OF CHILD James Russell DeVault

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 26 1919

FATHER	MOTHER
FULL NAME: Russell E. DeVault	FULL MAIDEN NAME: Elmira Booher
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9.45A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho

Filed June 16 1919 Thomas E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 68536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Russell De Vault (Name on Original Certificate) who born (Was Born or Died) on 5-26 - 1919 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 5-26-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		James Russell DeVault
Date	May 28, 1919	May 26, 1919
James Russell De Vault	May 28 1919	James Russell De Vault

Subscribed and sworn to before me this 1st
day of July, 19 42.
C.P. Hinkle
Notary Public, residing at Lewiston, Idaho
My commission expires 2-10-1945
(Seal)

Signed Mrs. Almira DeVault Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
406-9th St. Clarkston Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of July, 19 42.
C.P. Hinkle
Notary Public, residing at Lewiston, Idaho
My commission expires 2-10-1945.
(Seal)

Signed Mrs Nancy DeVault
(Signature of Any Credible Person Other Than Previous Year)
301 Snake River Ave
(Street Address, City, State)
Lewiston Idaho

JUL 3 1942

FEB 10 1967

389 - 128 - 035 - 296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1603 Prospect Ave St.

Registration District No. 96 File No. 68537

Primary Registration District No. 1009 Registered No. 267

Hospital

FULL NAME OF CHILD Elmer George Chrisman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 28 1919

FATHER		MOTHER	
FULL NAME	Hugh L Chrisman	FULL MAIDEN NAME	Zilma May Brown
RESIDENCE	1603 Prospect Ave	RESIDENCE	1603 Prospect Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Church

Physician (Physician or midwife)

Address Burnell Bldg Lewiston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1919 Susan E Bruce Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

One copy 10/28/40 L.E.

OCT 23 1969

415-129-035-863

PLACE OF BIRTH

Form V. S. No. 11-C—Mim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1707 11th Ave. St.

Registration District No. 96

File No. 68538

Primary Registration District No. 1009

Registered No. 268

Hospital

FULL NAME OF CHILD John Gilbert Mansfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5-29-19

FATHER	MOTHER
FULL NAME: Fredrick Mansfield	FULL MAIDEN NAME: Dulcie W. Rolph
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: England	BIRTHPLACE: Minn
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. at 2.30A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Lawson

(Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed June 10 1919 Emma E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

791-231-035-248

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68539

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 269

Hospital White

FULL NAME OF CHILD Clara Emma Grant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	5 (Month) 31 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter W Grant	FULL MAIDEN NAME	Kate Smyth
RESIDENCE	Clarkston Wn	RESIDENCE	Clarkston Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:40 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White MW

By R C Pauley Sec

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed Jan 10 1919 Susan E Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1974

693-134-035-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68540

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 270

Hospital

FULL NAME OF CHILD Leonard Earl Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	5 31 1919

FATHER		MOTHER	
FULL NAME	Gilbert Williams	FULL MAIDEN NAME	Dora White
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho.
OCCUPATION	Miller.	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11:45 P. M. on the date above stated.

(Signature) Edgar L White M D

By P C Tawley Sec

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed June 10 1919 Agnes E Bruce

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

ty of Nez Perce

of Lewiston

St.

born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 9 1942

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Leonard Earl Williams

ex M	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term ____	7. Legitimate? ✓	8. Date of birth May 31, 1919 (Month, Day, Year)

FATHER	MOTHER
Full name Gilbert Murray Williams	18. Full maiden name Viva May White
Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston I
Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 23 (year
Birthplace (city or place) (State or Country) Edinburgh Illinois	22. Birthplace (city or place) (State or Country) Lewiston Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. flourmiller	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 5 - 31, 1919 | 17. Total time (years) spent in this work three	25. Date (month and year) last engaged in this work November, 1915 | 26. Total time (years) spent in this work two

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol instilled in each eye

Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation 0 months or weeks

30. Cause of Stillbirth 0 Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:53 p.m. on the date above state
(Born Alive or Stillborn)

When there was no attending physician midwife, then the father, householder, etc., uld make this return.

(Signed) E. L. White, M.

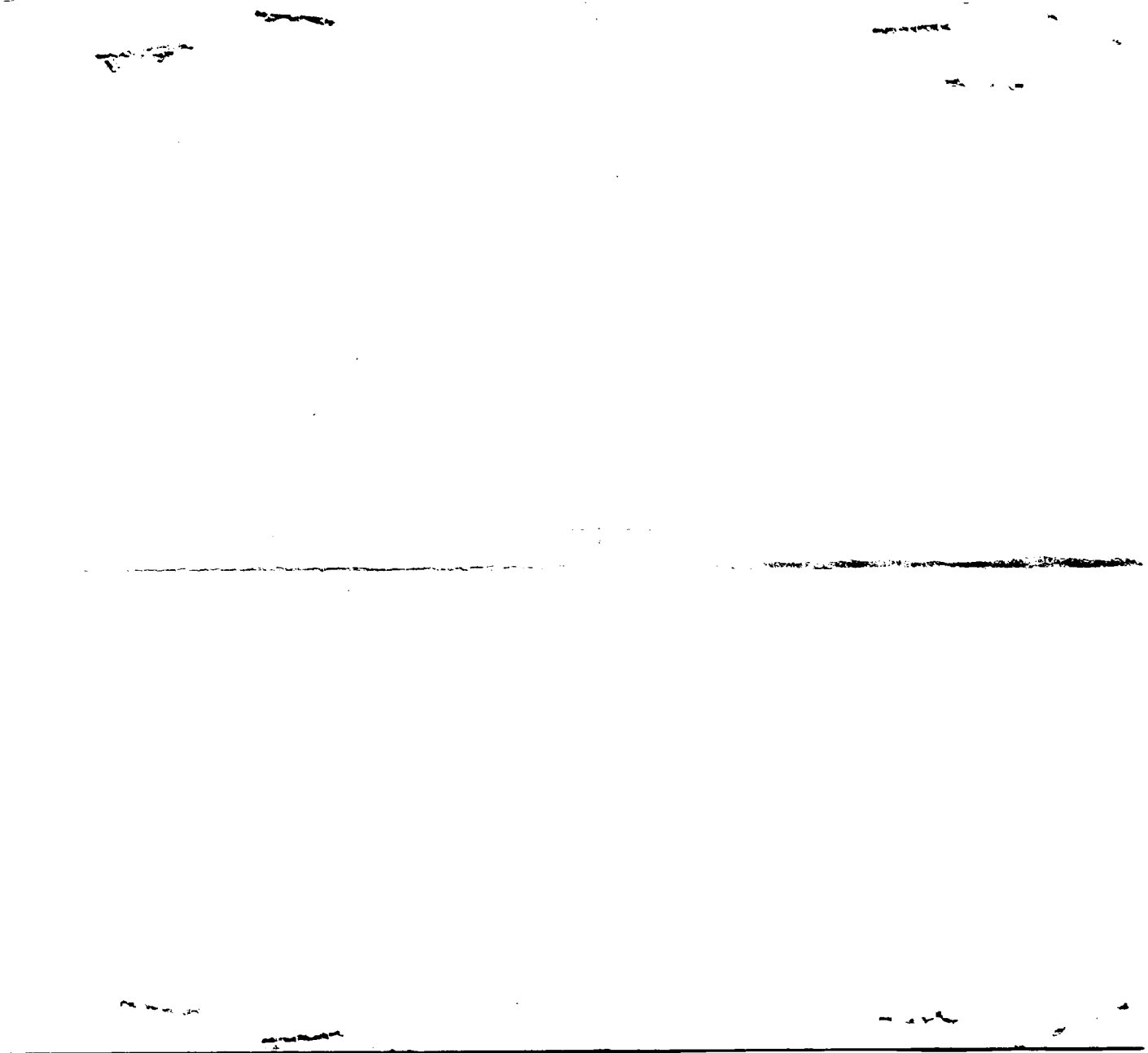
or _____, Midw

e name added from upplemental report _____ (Date of)

Address _____

Filed _____, 193 MAR 25 1942 Registrar.

Registrar.



789-227-028 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68541

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 63

Hospital

FULL NAME OF CHILD Mabel Phinney

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	7	Yes	May 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Phinney	FULL MAIDEN NAME	Harriet Anna Dullanty
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Garage Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. John P. Wood
L.W.
(Physician or midwife)

Address Coeur D'Alene Ida

Filed June 9 1919 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-122-028-689

Form V.S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68542

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 29

File No.

No. St.

Primary Registration District No. 1050

Registered No. 62

Hospital

FULL NAME OF CHILD Wilson Faye Johnston

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	other	3	Yes	May 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	[redacted] Johnston	FULL MAIDEN NAME	Eva Mae Whitby
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Shorer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur D'Alene Idaho

Filed June 9 1919 Gus Nelson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-41

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 68542

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Wilson (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1919 (Date of Event) in Coeur d Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wilson	Wilson Faye Johnston
Mother's name	Eva Klinert	Eva Mae Whitby

Subscribed and sworn to before me this 1st day of September, 1942

Notary Public, residing at Coeur d Alene, Ida.

My commission expires Nov. 15, 1945 (Seal)

Signed Mrs Eva M. Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 297, Coeur d Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of September, 19 42

Notary Public, residing at Coeur d Alene, Ida.

My commission expires Nov. 15, 1945 (Seal)

Signed Peter Rasmussen
(Signature of Any Credible Person Other Than Previous Year)

Box 8, Coeur d Alene, Idaho
(Street Address, City, State)

319-208-028-243

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Idaho

Registration District No. 29

File No. 68543

No. _____ St.

Primary Registration District No. 2050

Registered No. 61

Hospital _____

FULL NAME OF CHILD ~~Baby~~ Lois Ingalls Carter

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	3	Yes	May 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Carter	FULL MAIDEN NAME	Hattie Butterfield
RESIDENCE	Post Falls Idaho	RESIDENCE	Post Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Maine
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 19 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood Jr.

(Physician or midwife)

Given names added from a supplemental report.

Address Coeur D'Alene Ida

_____ 19 _____

Filed June 9 1919 Gus Nelson

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

258-103-028-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68544

County of Kootenai

City of Post Falls Idaho

Registration District No. 29

File No.

No. St.

Primary Registration District No. 2050

Registered No. 60

Hospital

FULL NAME OF CHILD Robert Ward Seyforth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	other	4th	Yes	May 3 1919

FATHER	MOTHER
FULL NAME Wm Seyforth	FULL MAIDEN NAME Cora Larson
RESIDENCE Prospect Post Falls.	RESIDENCE Post Falls, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 M. on the date above stated.

(Signature) John D. Ware M.D.

(Physician or midwife)

Address Coeur D'Alene Idaho

Filed June 9 1919 Gus Nelson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/41 L. P.

RECEIVED

ted States
partment of Commerce
reau of the Census

APR 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH:
(a) County Kootenai (b) City Post Falls
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 0 yr
(f) Mother's mailing address Post Falls Ida
3. **RESIDENCE OF FATHER** (city, state).....

FULL NAME OF CHILD Robert Ward Denforth

5. Date of Birth (Month, day, year) May 3 1919

Sex. male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME William August Denforth
Color or Race white 12. Age at time of THIS birth.....yrs.
Birthplace Near Sheboygan (City or town) Wisc (State or foreign country)
Exact Occupation merchant
Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Larson
17. Color or Race white 18. Age at time of THIS birth 34 year
19. Birthplace Arcadia (City or town) Wisc (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business.....

Name prophylactic used to prevent Ophthalmia Neonatorum .....
Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the dat
and at the place stated above, and that personal particulars were furnished by Cora Denforth (First name) (Last name), who i
related to this child as Mother (Mother, etc.)

APR 2 1941 (Date received)

(a)..... (b) Mabel F Elder (Registrar's signature)

Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** John [illegible] M.D. or.....(D.O., Midwife, etc.
and address Coeur d Alene, Date May 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-104-028-415

[redacted]

Form V.S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68545

County of Kootenai

City of _____ Registration District No. 29 File No. _____

No. _____ St. Primary Registration District No. 2050 Registered No. 58

Hospital _____

FULL NAME OF CHILD John Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twins	2	Yes	April 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James O. Stevens	Barbara Davis
RESIDENCE	Post Falls, Ida.	Post Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	42 (Years)
BIRTHPLACE	Missouri	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Wood M.D.

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

..... 19.....

Filed June 9 1919 Gus Nelson

Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-111-028-633

PLACE OF BIRTH

name added 12/19/80

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68546

County of Kootenai

City of 620 Lincoln Way

Registration District No. 29

File No.

No. Coeur d'Alene Ida St.

Primary Registration District No. 1050

Registered No. 39

Hospital

FULL NAME OF CHILD Floyd Robert Bafus

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	5	Yes	May 11 1919

FATHER	MOTHER
FULL NAME Adam Bafus	FULL MAIDEN NAME Elizabeth Ott
RESIDENCE Coeur d'Alene Ida 620 Lincoln Way	RESIDENCE 620 Lincoln Way Coeur d'Alene
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

(Signature) Dr. John T. Wood Jr.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed June 9 1919 Gus Nelson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 19 1980
Bureau of Vital Statistics

State of WASHINGTON
County of WALLA WALLA } ss.

Certificate No. 68546
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Bafus (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 11, 1919 (Date of Event)

in CDA (Kootenia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	ROBERT Floyd Bafus

Subscribed and sworn to before me this 13 day of November, 19 80

Notary Public, Alice J. Priest

Residing at 1125 Chestnut Dr. Walla Walla wa

My commission expires Aug 10, 1982

(Seal)

John J. Bafus
Signature of Applicant

1955 HILLBROOK DR. WALLA WALLA WA. 99362.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Confirmation Certif gives nameas Floyd Robert Bafus born May 11 1919 and Confirmed April 29 1934. in Trinity Lutheran Church. Cd'Alene, Idaho. viewed by V. S.

Honorable Discharge from the US Navy gives name as Floyd "R" Bafus. dated Dec 25, 1945. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Post Falls Idaho. Registration District No. 24 File No. 58547

No. ..... St. Primary Registration District No. 7050 Registered No. 57

Hospital .....

FULL NAME OF CHILD Lois Stevens

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	twin (To be answered only in event of plural births)	1	yes	April 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James P. Stevens	Barbara Davis
RESIDENCE	Post Falls Ida.	Post Falls Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White 44	White 42
BIRTHPLACE	Missouri	Indiana
OCCUPATION	Foreman	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 P M on the date above stated.

(Signature) John D. Ward M.D.

(Physician or midwife)

Address Coeur d'Alene Ida.

Filed June 9 1919 Guss Nelson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68548

City of Post Falls

712-229-028-294 No. ..... St.

Registration District No. 29

Primary Registration District No. 2050

File No. .....

Registered No. 5

Hospital .....

FULL NAME OF CHILD Nadine Gaskell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 29th 19

FATHER	MOTHER
FULL NAME: Karl Ray Gaskell	FULL MAIDEN NAME: Rachel Brugger
RESIDENCE: Post Falls, Idaho	RESIDENCE: Post Falls, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 29. (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Washington.
OCCUPATION: Horticulture.	OCCUPATION: housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Most

Physician (Physician [redacted])

Address Coeur d'Alene, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5 19 29 Guss Nelson Registrar

PLACE OF BIRTH MAR 19 1962

County of .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

68549

City of Coeur D'Alene Registration District No. 29 File No.

No. 1214 E. D'Alene St. Primary Registration District No. 1050 Registered No. 55

599-231-038-271

Hospital

FULL NAME OF CHILD June Erickson

Sex of Child	Twin, Triplet or Other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	May 31 1919

FATHER	MOTHER
FULL NAME George [redacted] Erickson	FULL MAIDEN NAME Mockie Adaline Speed
RESIDENCE Coeur D'Alene Idaho	RESIDENCE Coeur D'Alene Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Palmyra Minn	BIRTHPLACE Lyndon Kansas
OCCUPATION Woodsman	OCCUPATION School Teacher

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 31 at 1919, at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bunday M D
(Physician or midwife)

Address Coeur D'alene, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 3 1919 Gus Nelson
Registrar

5-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 10 19[illegible]

DEC 31 19[illegible]

249-102-028-566

PLACE OF BIRTH

[redacted] U. S. No. 11-C—25m-9-8-15

County of Kootenai

CERTIFICATE OF BIRTH

City of Near Coeur d'Alene Idaho. Registration District No. 29 File No. 68550

No. ..... St. Primary Registration District No. 2050 Registered No. 54

Hospital .....

FULL NAME OF CHILD Quentin Howard Burden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	May (Month) 2nd (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oscar L Burden	FULL MAIDEN NAME	Iva Pearl Vo[illegible]
RESIDENCE	near Potlatch Ida	RESIDENCE	near Potlatch Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30 yrs
BIRTHPLACE	Potlatch Ida	COLOR	White
OCCUPATION	Fireman	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Near Hale, Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive May 2nd (Born alive or [redacted]), at 3 A M. on the date above stated.

(Signature) Dr Jno V Burden Phys.

(Physician or midwife)

Address Coeur D'Alene Ida

Filed May 26 1919 Geo N Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

915-119-028-864

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68551

County of Kootenai

City of Coeur d Alene

No. 917 - 7th St.

Registration District No. 29

File No.

Primary Registration District No. 1050

Registered No. 53

Hospital

FULL NAME OF CHILD Lillard Jerome Rand

Sex of Child	Twin Triplet or other and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	April 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Rand	FULL MAIDEN NAME	Ruby Young
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pennsylvania
OCCUPATION	Millhand (Lumber)	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Alexander Barclay

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur d Alene

Filed May 22 1919 Gus Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-224-028-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 68552

No. ..... St.

Primary Registration District No. 1050

Registered No. 52

Hospital Cd'A Hosp.

FULL NAME OF CHILD Irene Amanda Chase

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	Yes	4 24 1919

FATHER		MOTHER	
FULL NAME	Harry Lloyd Chase	FULL MAIDEN NAME	Rebecca Katherine Whilt
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ubly Mich	BIRTHPLACE	Oak Park Minnesota
OCCUPATION	Millwright	OCCUPATION	W Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. D. D. Drennan
by Eva Zielke R.N.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur D'Alene Ida

Filed May 22 1919 Gus Nelson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

791-112-028-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH *

68553

County of Kootenai

City of C. d'A.

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 51

Hospital C. d'A.

FULL NAME OF CHILD Phillip Carey Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	May 12 1919

FATHER	MOTHER
FULL NAME Clarence O. Grant	FULL MAIDEN NAME Lulu E. Carey
RESIDENCE 7th & Front St. C. d'A.	RESIDENCE 7th & Front C. d'A.
COLOR W.	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Blue Earth Minn	COLOR W.
OCCUPATION Purchasing Agent for R.T.C.	AGE AT LAST BIRTHDAY 26 (Years)
	BIRTHPLACE Carthage, Ill.
	OCCUPATION H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. Barclay

by Eva Burke R. N.
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur D'Alene Idaho

19

Registrar

Filed May 22 1919 Gus Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1972

DEC 13 1972

295-112-028-295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68554

County of Kootenai

City of Coeur d'Alene Registration District No. 29 File No.

No. 716 "A" St.

Primary Registration District No. 1950 Registered No. 50

Hospital

FULL NAME OF CHILD Douglas Herbert Simrud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 12th 1919

FATHER	MOTHER
FULL NAME Peter Louis Simrud	FULL MAIDEN NAME Gunda Emelie Simrud
RESIDENCE 716 "a" St Coeur d'Alene Idaho	RESIDENCE 716 "a" St Coeur d'Alene Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Pigeon Falls Wis.	BIRTHPLACE Eaau Claire Wis.
OCCUPATION Lumbering	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April 12 1919 Born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bunbury M.D.
(Physician or midwife)

Address Coeur d'alene Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 12 1919 Geo. Nelson
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate received May 8, 1911

APR 1 1942

813-113-029-843

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68555
Local Reg. No.
Reg. Dist. No. 65

Amended 7/20/76

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 920 Larch

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Gilbert b. (Middle) Dexter c. (Last) Yates

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 13, (Year) 1919

FATHER OF CHILD

7. FULL NAME: a. (First) Frank b. (Middle) Lucas c. (Last) Yates

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Virginia

10. USUAL OCCUPATION: Setter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Martha b. (Middle) A. c. (Last) Hutton

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wash.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. T. Hein

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Palouse, Wash.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 20, 1919

22. REGISTRAR'S SIGNATURE: Dr. J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 2:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

6/21/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 9 12 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68555

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Gilbert Lyndon Yates (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1919 (Date of Event)

in Potlatch (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gilbert Lyndon Yates	Gilbert Dexter Yates

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of ....., 1976.

Notary Public, residing at NOTARY PUBLIC for the state of Idaho
Residing at Coeur d'Alene, Idaho
My commission expires .....
My commission expires September 1, 1978
(Seal)

Signed George L. St. Paul
(Signature of Any Credible Person)

209 Forest Dr Coeur d'Alene Idaho
(Street Address, City, State)

FORM DH 60-155

Honorable Discharege from the U.S. Navy gives name as Gilbert Dexter Yates dated Nov 3, 1945. Pharmacist's Mate First Class. viewed by V. S.

Certifiate of Embalming from Idaho gives name as Gilbert Dexter Yates. dated Sept. 1, 1940. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-223-029-682

PLACE OF BIRTH

[illegible] V. S. No. 11-E—25m-9-8-15

County of Latah

City of P. O. Palouse, Wash.

Registration District No. 65

File No. 68556

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Velma Ruth Patton

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Crawford Patton	FULL MAIDEN NAME	Katie L. Wysong
RESIDENCE	7 mi. N.W. Palouse	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 N on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wash

Filed May 27 1919 Dr J. W. Thompson

Registrar

Registrar

S-Y-CO 38071

1/10/41 L. B.

369-225
029-134

PLACE OF BIRTH

County of Latah

City of Pattatch

No. ..... St.

Hospital .....

[redacted] 68557

Registration District No. 66 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Dorthy May Carey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	4 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John W Carey	FULL MAIDEN NAME	Blanch Aldrich
RESIDENCE	Pattatch	RESIDENCE	Pattatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	Home wife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Lepard

MD (Physician or midwife)

Given names added from a supplemental report.

Address Pattatch Idaho

..... 19.....

Filed 4/29/ 1919 Dr J. W. Thompson Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-104-029-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68558

Registration District No. 65. File No. .....

Primary Registration District No. 21 45. Registered No. .....

FULL NAME OF CHILD Earl. Alfred. Rasmussen.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓	✓	yes.	May 4 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James Rasmussen.	FULL MAIDEN NAME: Carla. B Heud.
RESIDENCE: Harvard.	RESIDENCE: Harvard.
COLOR: White	AGE AT LAST BIRTHDAY: 22 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 18. (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Nebraska.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: First. Number of children of this mother now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45 P. M. on the date above stated.

(Signature) Dr. J.W. Thompson. M.D.

(Physician or midwife)

Address Potlatch

Filed May 29 1919. Dr. J.W. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

JUN 14 1943

469-223-029-392

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68559

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD - Phyllis. Mary. Morsching.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓	✓	yes.	April 23 1917.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George F Morsching	Evelyn N. Roberts
RESIDENCE	Potlatch.	Potlatch.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	33.	29.
BIRTHPLACE	Minnesota.	Michigan.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 10 P. M. on the date above stated.

(Signature) Dr. J. R. Thompson M.D.

(Physician or midwife)

Address Potlatch. Idaho.

Filed May 16 19 19 Dr. J. R. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 36071

AUG 3 1961

364-216-029-749

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 935 Cedar St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

68560

Registration District No. 65

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Helen E Courtmauch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	April 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry J Courtmauch	FULL MAIDEN NAME	Caroline Purcell
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mich.
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Henri MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wash

Registrar

Filed April 30 1919 D. Jr. Thorny Jr.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1953

747-105-009-653

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

68561

Registration District No. 81 File No. .....

Primary Registration District No. 2158 Registered No. 19

FULL NAME OF CHILD Baby Gugler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. H. Gugler	Eva Welker
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Kan.	S. Dak.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.45 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Getchell M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Priest River Ida.

Filed May 7 1919

Rae Bunnell Registrar

769-203-009-235

Name added 5-18-79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-22m-5-17

CERTIFICATE OF BIRTH

68562

Registration District No. 81

File No. .....

Primary Registration District No. 2158

Registered No. 18

FULL NAME OF CHILD RUTH M. Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Porter	Selma Sherard
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	28
BIRTHPLACE	Wis	Wyo.
OCCUPATION	Forest Ranger	Housework

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gehrke M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River

Filed May 7 1919

..... Registrar

Registrar

JAN 9 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 8 2 34 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 68562
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Porter (Female) who was born on May 3, 1919
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Priest River (Bonner) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Porter	Ruth M. Porter

Subscribed and sworn to before me this 5th day of February, 1979.

Notary Public, Roberta Bohm

Residing at Bonners Ferry

My commission expires life

(Seal)

Ruth Dompkins
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1-31-79

493-121-009-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 68563

County of Bonner

City of Sawyer — Registration District No. 81

No. — St.

Primary Registration District No. — Registered No. 20

Hospital No

FULL NAME OF CHILD Edward Thomas Milliken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	May 21 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard N. Milliken	Margaret Donahue
RESIDENCE	Sawyer Idaho	Sawyer, Idaho,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Washington	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 AM. on the date above stated.

(Signature) M.R. King M.D.

Physician (Physician or midwife)

Address Coeur de Idaho

Filed May 28 1919

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-102-009-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH*

Form V. S. No. 11-G—[illegible]-8-8-17

Registration District No. 78

File No. 68564

Primary Registration District No. 2155

Registered No. 1535

FULL NAME OF CHILD Richard William Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dennis Lee	FULL MAIDEN NAME	Delena Marquis
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Idaho

Filed May 1919 M. McKinnon (IRM) Registrar

Registrar

392-119-009-963

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-5-17

CERTIFICATE OF BIRTH

68565

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... John Laurence Lisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 19 1917

FATHER	MOTHER
FULL NAME J. B. Lisk	FULL MAIDEN NAME Henrietta Rotmond
RESIDENCE Sandpoint R.D.	RESIDENCE Sandpoint Rural
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Mich.	COLOR White
OCCUPATION Conductor	AGE AT LAST BIRTHDAY 28 (Years)
	BIRTHPLACE Missouri
	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. McKinnon

(Physician or midwife)

Address Sandpoint Idaho

Filed May 19 19 M. McKinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-104-0099-391

Amended 10-16-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68566
Local Reg. No. 1540
Reg. Dist. No. 78

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ponderay, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ponderay
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Don
b. (Middle): Edward
c. (Last): LaMoreaux

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 4, 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Edward
b. (Middle): P.
c. (Last): LaMoreaux

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Railroad Stenographer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle): Netta
c. (Last): Cramer

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): S. Dakota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. C. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.:

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

Another Child's Birth Cert. on file: (Idaho Birth) #100899 gives full name of father as Edward Pierce LaMoreaux - viewed by V.S.

Honorable Discharge from U.S. Army, June 24, 1945 gives full name as Don E. LaMoreaux, born May 4, 1919 at Ponderay, Idaho - viewed by V.S. - date of Induction-Sept. 16, 1940 - viewed by V.S.

Statement from Mike Lamanna, Asst. Supt., Bonner County School Dist. No. 82, Sandpoint, Idaho, dated July 18, 1967 states" This is to verify that according to the School Census Report of School District No. 1 of Sandpoint, Idaho, made on the First Tuesday in September of 1925, and now filed in this office, Don LaMoreaux is listed as being born on May 4, 1919. The parent listed is E. P. LaMoreaux." - viewed by V.S.

STATE OF IDAHO,)
:ss.
County of Bonner,)

IDA NETTA LA MOREAUX, being first duly sworn, upon her oath deposes and says:

That she is the mother of Don Edward LaMoreaux, and is of the age of 76 years. That she makes this affidavit for the purpose of securing a delayed birth certificate for the said Don Edward LaMoreaux.

That Don Edward LaMoreaux was born on the 4th day of May, 1919, at Ponderay, Bonner County, Idaho, the son of Edward Pierce LaMoreaux and affiant, whose maiden name was Ida Netta Cramer. That the attending physician was Dr. M. C. McKinnon.

Further affiant sayeth not.

Ida Netta La Moreaux

Subscribed and sworn to before me this 15th day of July, 1967.

Notary Public in and for the State of Idaho, residing at Sandpoint therein.
My commission expires: 9-1-69.

437-117-009-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68567

County of Bonner

City of Sandpoint

Registration District No. 78

File No.

No. ..... St.

Primary Registration District No. 2155

Registered No. 1541

Hospital

FULL NAME OF CHILD Thornton Thurston McGhee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 17 1919

FATHER		MOTHER	
FULL NAME	Thornton T. McGhee	FULL MAIDEN NAME	Genie Berry
RESIDENCE	Sandpoint R.F.D. No. 1	RESIDENCE	Sandpoint R.F.D. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a s[illegible]tal report.

..... 19....

Address Sandpoint Idaho

Filed May 28 1919

M. McKinnon (Sign)

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-212-009-345

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68568

County of Bonner

City of Sandpoint

Registration District No. 78

File No. [illegible]

No. ..... St.

Primary Registration District No. 2155

Registered No. 1542

Hospital .....

FULL NAME OF CHILD ~~Phelma Lorraine~~ RHEA LORRAINE Bergdahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard M. Bergdahl	FULL MAIDEN NAME	Selma Lundgren
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Sales Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed June 1 1919 M. McKinnon (SKM) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 19[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 68568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thelma Lorene Bergdahl (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1919 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thelma Lorene Bergdahl	Rhea Lorraine Bergdahl

Subscribed and sworn to before me this 12th
day of September, 1942

Signed Selma Evana Bergdahl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Spokane, Wash.

My commission expires June 11, 1946
(Seal)

(Mrs R. M. Bergdahl) 229 W 9th Spokane W.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of September, 1942

Signed Mrs. O. R. Dundin
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Spokane, Wn

My commission expires Feb. 1st, 1945
(Seal)

E. 2614 Sa- Altamont Blvd
(Street Address, City, State)
Spokane Wash

365-130-209-869

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68569

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. 1537

FULL NAME OF CHILD Lewis Jasper Vernon Connett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis J. Connett	FULL MAIDEN NAME	Nettie Edwin Hornsby
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Colaforma	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Tom Leonhall

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Sagle Idaho.

Filed June 19 19 E Dr. M. McKinnon (Jr.) Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of County

Certificate No. 68569
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lewis J. Vernon Connett (Name on original certificate) who was born (Was born or died) on May 30, 1919 (Date of event)
in Sagle, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Lewis J. Vernon Connett	Lew Jasper Connett
Date of birth	May 30, 1919	May 30, 1919

Subscribed and sworn to before me this 26th
day of September, 19 41.
Notary Public, residing at Sandpoint
My commission expires July 11, 1943
[SEAL]

Signed Nettie Estey Connett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sagle, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of September, 19 41.
Notary Public, residing at Sandpoint
My commission expires July 11, 1943
[SEAL]

Signed Phoebe E. Turnbull
(Signature of any credible person other than the previous affiant.)
Sagle, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AUG 4 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C-25m-5-

PLACE OF [redacted]

County of B[redacted]

[redacted]8570

City of Sandpoint Registration District No. 78 File No.

No. 259-213-009-154 St. Primary Registration District No. x155 Registered No. 1531

Hospital

FULL NAME OF CHILD Marie Bergstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Bergstrom	FULL MAIDEN NAME	Selma Anderson
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint Idaho.
COLOR	White AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisconsin
OCCUPATION	Ass't salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Idaho

Filed May 19 19 M. McKinnon

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR[redacted]

City of Sandpoint Registra[redacted] 10 File No.

819-211-009-613

No. ..... St. Primary Registration District No. 2155 Registered No. 1536

Hospital .....

FULL NAME OF CHILD Alice Haines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Watson Haines	FULL MAIDEN NAME	Myra Wallace
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. Kennedy

(Physician or midwife)

Given names added from a supplemental report.

Address Sandpoint Idaho

..... 19....

Filed May 1919 M. McKinnon (IRM)

Registrar Registrar

H

.....

County

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114-040-229

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68573

County of ..... Registration District No. 1.2.3 File No. 18

City of ..... No. ..... St. Primary Registration District No. V.V.01 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Burdette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Apr 14 19 19

FATHER		MOTHER	
FULL NAME	John Burdette	FULL MAIDEN NAME	Mary Shillow
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Penn.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/V 19..... Geo. S. Lesher Registrar

753-1106-040-695

Amended 11-4-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68574
Local Reg. No.
Reg. Dist. No. 123

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Lyle b. (Middle): Berg c. (Last): Petersen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 6, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Sigurd b. (Middle): c. (Last): Petersen

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Norway

10. USUAL OCCUPATION: Millman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ethel b. (Middle): c. (Last): Wilcott

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. C. Lindsay

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kellogg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6/2/1919

22. REGISTRAR'S SIGNATURE: Geo. S. Lesher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES

...ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone }

Certificate No. 6857L

Date Filed Sept 10/65

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Peterson (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1919 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Peterson	Petersen, Lyle Berg
Child's Date of Birth	Feb. 20, 1919	March 6, 1919
Father's Last Name	Peterson	Petersen, Sigurd

Subscribed and sworn to before me this 2nd day of September, 1965

Joe Dunne
~~Notary Public~~, residing at Kellogg, Idaho
My commission expires 1-1-68
(Seal)

Signed Sigurd Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 570 Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of September, 1965

Joe Dunne
~~Notary Public~~, residing at Kellogg, Idaho
My commission expires 1-1-68
(Seal)

Signed Arden V Kepler
(Signature of Any Credible Person)

Kellogg Idaho
(Street Address, City, State)

FORM DH 60-155

L 1-15-62. one copy pd. rec. #3538.

Social Security Card, #539-05-6336 gives full name as Lyle Berg Petersen - viewd by V.S

Certificate of Baptism, Nov. 21, 1920 gives full name as Lyle Berg Petersen, born to Sigurd B. Petersen and Ethel Petersen at Kellogg, Idaho - viewed by V.S.

Cert. of Marriage, State of Washington, County of Pierce, married March 7th, 1942 gives full name of groom as Lyle Berg Petersen and full name of bride as Doris Louise Lee - viewed by V.S.

Order to Report for Induction, U.S. Army, dated Jan. 5, 1942 gives full name as Lyle Berg Petersen, order no. 1482 - viewed by V.S.

School Report Card, first grade, school year 1925-1926 for Lyle Petersen gives father's name as Sigurd Petersen - viewed by V.S.

261-113-040-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68575

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 1123 File No. 16

Primary Registration District No. 1101 Registered No. .....

FULL NAME OF CHILD Harold Swanson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
		1	Yes	July 13 1919

FATHER		MOTHER	
FULL NAME	Robt. Swanson	FULL MAIDEN NAME	Phoebe Combs
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Indiana	BIRTHPLACE	Wash.
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Lee

Physician

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/V 1919 Geo. S. Lester

Registrar

295-109-040-553

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68576

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 15

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD ROY S. KINCAID ~~JR.~~ Kincaid JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	April 9 1919

FATHER		MOTHER	
FULL NAME	Roy Kincaid	FULL MAIDEN NAME	Agnes Nelson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Smelterman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 6/2 1919 Geo. D. Lester

Registrar

MARGIN RESERVED FOR BI...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMAN... ...CORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Spokane

Certificate No. 68576
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Roy S. Kincaid Jr. (Name on Original Certificate) who was born (Was Born or Died) on April 9 1919 (Date of Event) in Kellogg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Howard Kincaid	Roy S. Kincaid Jr.
birthdate	Mar. 20	Spril 9, 1919

Subscribed and sworn to before me this 5th day of July, 1944

[signature] Garvin
Notary Public, residing at Spokane
My commission expires 6/29/44
(Seal)

Signed Mrs Agnes Kincaid
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1420 N. Astor, Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Spokane

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1944

[signature] Garvin
Notary Public, residing at Spokane
My commission expires 6/29/44
(Seal)

Signed Roy S Kincaid
(Signature of Any Credible Person)
1420 N Astor
(Street Address, City, State)
Spokane Wash.

1944

619-105-040-349

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68577

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 14

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Tony Faraca

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	Yes	Apr 5 1919

FATHER		MOTHER	
FULL NAME	Tony Faraca	FULL MAIDEN NAME	Agnes Curso
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kellogg Idaho

..... 19.....

Filed Apr 1919 Geo. S Lesher

Registrar Registrar

WRITE PLAIN

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-224-040-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68580

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 11

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Lois Amelia Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	Yes	Feb. 24th 1919

FATHER		MOTHER	
FULL NAME	Joe Gray	FULL MAIDEN NAME	Leona Griffith
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 6/1 1919 Geo. S. Lesh

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Shoshone, }

JAN 30 1942

Certificate No. 68580

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lois Amelia Gray (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 24, 1919 (DATE OF EVENT)
in Kellogg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lois Amelia Grey	Lois Amelia Gray
name of father	Jos Grey	Joe Gray
name of mother		Leona Mae Gray

Subscribed and sworn to before me this 29th day of January, 19 42.

Phyllis M. Tenney

Notary Public, residing at Kellogg, Idaho

My commission expires May 27, 1944 (SEAL)

Signed Leona Mae Gray (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Kellogg, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Shoshone, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 19 42.

Phyllis M. Tenney

Notary Public, residing at Kellogg, Idaho

My commission expires May 27, 1944 (SEAL)

Signed W. D. Simmons (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kellogg, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By ..... (REGISTRAR'S SIGNATURE)

666-106-006-115

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68581

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 8

Registered No. 380

FULL NAME OF CHILD Lyn Janes Woodburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 6/19 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Bernard Woodburn	FULL MAIDEN NAME	Maggie Janes
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen, Ida.

Filed 4/6/19 19....

[signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38 9-106-006-519

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH 68582

Registration District No. 116 File No. 8

Primary Registration District No. 2195 Registered No. 38

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	April 6 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Roy Price Christensen	FULL MAIDEN NAME: Rilla Mabel Varney
RESIDENCE: Sterling, Ida.	RESIDENCE: Sterling, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 11.50 AM. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartin MD

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/6/19 McMartin

Registrar

331-207-006-712

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68583

County of Bingham

City of Sterling

No. ..... *St.*

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 8

Registered No. 382

FULL NAME OF CHILD Ola Alice Claunch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 7 1919

FATHER		MOTHER	
FULL NAME	Reuben Claunch	FULL MAIDEN NAME	May Gastineau
RESIDENCE	Sterling, Ida.	RESIDENCE	Sterling, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed 4/7/19 19.....

[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

653-207-006-384

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68584

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 8

Registered No. 383

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 7 9

FATHER	MOTHER
FULL NAME: William Ernest Wells	FULL MAIDEN NAME: Myrtle Elizabeth Thurston
RESIDENCE: Springfield, Ida.	RESIDENCE: Springfield, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cunningham M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/7/19 19..... M. Cunningham Registrar

819-115-006-312

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68585

County of Bingham

City of Aberdeen, Ida. Registration District No. 116 File No. 6

No. ..... St. Primary Registration District No. 2195 Registered No. 384

Hospital .....

FULL NAME OF CHILD Guy Edmond Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 15 1919

FATHER		MOTHER	
FULL NAME	Guy Gladden Harris	FULL MAIDEN NAME	Rachael Lake
RESIDENCE	Deceased	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Mexico
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed 4/15/19 19.....

M C Mackinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1976

859-123-006-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68586

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116

File No. .....

Primary Registration District No. 2195

Registered No. 385

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 23 19

FATHER

FULL NAME: John Edward Heide

RESIDENCE: Aberdeen, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nellie Parrish

RESIDENCE: Aberdeen, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed 12 4/23 19 M. C. Mackinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-123-006-765

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68587

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116

File No. .....

Primary Registration District No. 2195

Registered No. 386

Hospital .....

FULL NAME OF CHILD Laurell Glenn Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 23 1919

FATHER	MOTHER
FULL NAME George Wayne Mann	FULL MAIDEN NAME Laura Blanche Poe
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen, Ida.
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/23/19 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-223-006-312

PLACE OF BIRTH amended 1/2/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68588

County of Bingham

City of Aberdeen

Registration District No. 116

File No.

No. St.

Primary Registration District No. 2195

Registered No. 387

Hospital

FULL NAME OF CHILD Marian Kathleen McCauley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 23 19

FATHER

FULL NAME Nelson McCauley

RESIDENCE Aberdeen, Ida.

COLOR White AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Canada

OCCUPATION Woolgrower

MOTHER

FULL MAIDEN NAME Mary Cassidy

RESIDENCE Aberdeen, Ida.

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth 8. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

19

Registrar

Filed 4/23/19 M. C. MacKinnon

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 27 9 57 AM '79

State of _____
County of _____ } ss.

Certificate No. 68588
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Winnifred McCauley (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 23, 1919 (Date of Event)

in Aberdeen, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Winnifred	Marian Kathleen McCauley

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Yuma } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of November, 1979.

Notary Public, Mary A Scott
Residing at Box 114, Quartzsite, Az. 85346
My commission expires My Commission Expires October 10, 1982
(Seal)

Keith H. McCauley
Supporting Signature

P.O. Box 63 Quartzsite, Ariz.
Street Address, City, State

CL 7/31/79 nm

Diploma from Pomona Junior High school, Pomona, Calif. gives name as Marian Kathleen McCauley. dated Jan 26, 1934. viewed by V. S.

JAN 2 1980

Certif of Baptim from the Church of Saint Mary's gives name as Marian McCaulye Shaw. child of Nelson McCauley and Mary Cassidy. born in Aberdeen, Idaho April 23, 1919. Baptized April 7, 1956. viewed by V. S.

369-225-006-331

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68589

Registration District No. 116

File No. 8

Primary Registration District No. 2195

Registered No. 388

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 25 191 9

FATHER	MOTHER
FULL NAME: Charles Nephi Corbridge	FULL MAIDEN NAME: Sarah Pearl Claypool
RESIDENCE: Sterling, Ida.	RESIDENCE: Sterling, Ida.
COLOR: hite — AGE AT LAST BIRTHDAY: 42 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Virginia
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7.40 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortimer M D

(Physician or midwife)

Address Aberdee, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4/25/19 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-130-006-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68590

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 389

FULL NAME OF CHILD Elmer John Hutchison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 30 1919

FATHER	MOTHER
FULL NAME Edward Hutchison	FULL MAIDEN NAME May Coe
RESIDENCE Sterling, Ida.	RESIDENCE Sterling, Ida.
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address 4/30/19 Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4/30/19 .....

Registrar

962-206-023-231

PLACE OF BIRTH

STATE OF ID[redacted] m V. S. No. 11—25m-9-8-15
BUREAU OF VITAL [redacted]STICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett R F D Registration District No. File No. 68591

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Della Elizabeth Robinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 6 1917

FATHER	MOTHER
FULL NAME Howard Irving Robinson	FULL MAIDEN NAME Effie Stanton
RESIDENCE Emmett R D	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Homde wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 2 xo 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed June 8 1917 J. L. Reynolds Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-215-023-249

PLACE OF BIRTH

birth year amend

County of Gem 2-15-84 dl

City of Emmett

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

68592

Registration District No. 4 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Florence Adel Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 15 1919

FATHER	MOTHER
FULL NAME Earl Peterson	FULL MAIDEN NAME Myrtle Smith
RESIDENCE Emmett Ida	RESIDENCE Emmett Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE California	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett Ida

Filed May 19 19 14 J L Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

K

c.c. 4/28/41. w.h.

/ 1-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Gem } ss.

Certificate No. 68592
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Florence Adel Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 15, 1917 (Date of Event) in Emmett, Gem (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
year of birth	1917	1919

Subscribed and sworn to before me this 12th day of January, 1984.
Notary Public, [signature]
Residing at Emmett, Idaho
My commission expires 10/4/87
(Seal)

[signature]
Signature of Applicant

341 No. Commercial
Street Address, City, State
Emmett Id 83617

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Application for Hospital Ins lists Florence A Charters born May 15, 1919 as insured. Dated Oct 5, 1976. Viewed by V.S.

FEB 1 [illegible]

Colonial Life and Accident Policy lists insured as Florence A Charters as born May 1919. Dated 3-21-74. Viewed by V.S.

859-102-023-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [illegible] 68593

County of [illegible]

City of Emmett RFD Registration District No. 4 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Charles Conrad Hereth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Apr. 2 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Michael Hereth	FULL MAIDEN NAME	Marie Anna Conrad
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 10 30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 4-8-1919 J. L. Reynolds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

6-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

ited States
partment of Commerce
reau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341
Local Reg. No. 4
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. R. F. D. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 4 years 2 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R.F. D. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice): R F D 2 (Street or R. F. D.) Emmett (Postoffice)
3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

FULL NAME OF CHILD Charles Conrad Hereth
5. Date of Birth (Month, day, year) April 2, 1919
Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME John Michael Hereth
Color or Race White
12. Age at time of THIS birth 22 yrs.
Birthplace Indianola, Nebraska (City or Town) (State or foreign country)
Exact Occupation Farmer
Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Anna Conrad
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Indianola, Nebraska (City or Town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business Housekeeper

Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit. Sol
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10-45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Marie Hereth (First name) (Last name), who is related to this child as mother (Mother, etc.)

(a) 7-6-41 (Date received) (b) J. L. Reynolds (Registrar's signature)

Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature J. L. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida. Date 7-6-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-120-023-783

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68594

County of Bear

City of New Plymouth R2 Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Wilfred Markes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1919

FATHER		MOTHER	
FULL NAME	Wallard Markes	FULL MAIDEN NAME	Grace Gillman
RESIDENCE	New Plymouth R2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed May 1 1919 J. L. Reynolds Registrar

S-Y-CO 35071

314-229-023-683

PLACE OF BIRTH

NAME ADDED 9-15-93 dl

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Montour

Registration District No. 9

File No. 68595

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD ESTHER M LAMBERT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 29 1918

FATHER		MOTHER	
FULL NAME	James T Lambert	FULL MAIDEN NAME	Leota Williams
RESIDENCE	Montour Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Oregon
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed June 1 1918 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 7 1973

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

11-16-92

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Umatilla } ss.

Certificate No. 68595
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Lambert (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 29, 1919 (Date of Event)

in Montour (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Lambert	Esther M Lambert

Subscribed and sworn to before me this 9th day of September, 1993.

x Notary Public, Sharon K. Kelly
Residing at Rt. 1 Box 77 Stanfield, Or.
My commission expires 3-10-97
(Seal)

SEAL
KELLY
OREGON
MAR 10 1997

x Esther M Moss
Signature of Applicant

x PO Box 696 Hermiston Ore 97838
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1ccPd

Insurance record lists Esther M Moss as insured. Issue date is Sept 1983. Viewed by V.S.

SEP 1 5 1993

Social Security record lists Esher M Moss 534-18-8778. Obviously old record. Viewed by V.S.

MAR 9 1994

-168-278-023-744

Form V. S. No. 11—20m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68596

County of Ada

City of Emmett

Registration District No. 4

File No.

Amended 3/16/79

No. ____ St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Elda Erma Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				May 18 1919

FATHER	MOTHER
FULL NAME Edwin Johnson	FULL MAIDEN NAME Annie Puddock
RESIDENCE Ola	RESIDENCE Ola
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Own

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8 4 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed May 28 1919 J. L. Reynolds Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 21 1 25 PM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of OREGON
County of Malheur } ss.

Certificate No. 68596

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elda Erma Johnson
Date of birth	May 28, 1919	May 18, 1919
Sex of child	omitted	female

Subscribed and sworn to before me this 12 day of April, 1978

Myra Bender
Notary Public, residing at Vale, OR
My commission expires 9-29-80
(Seal)

Signed Thurman Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 461 Vale, OR 97918
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of April, 1978

Myra Bender
Notary Public, residing at Vale, OR
My commission expires 9-29-80
(Seal)

Signed Betty Johnson
(Signature of Any Credible Person)

P.O. Box 461 Vale, OR 97918
(Street Address, City, State)

FORM DH 60-155 CL 3/21/72 nm

Oregon Driver's License issued to Elda Erma Whitlock (married name)
gives date of birth as 5/18/19 and lists applicant as female. viewed by V.S.

Statement from Holy Rosary Hospital dated 11/29/73 lists name of patient as
Elda Erma Whitlock, female, born 5/18/19. vivewed by V.S.

219-225-023-669

PLACE OF BIRTH

name added 3/11/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

68597

County of Gem

City of [redacted] Letha Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Una Roselene Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	May 25 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mike Bartholew	Helen Jordan
RESIDENCE	Colorado	Letha Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	19 (Years)	16 (Years)
BIRTHPLACE	Colorado	Idaho
OCCUPATION	Common Labor	School girl

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 6 M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 6/1 1917 J. L. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Gem } ss.

Certificate No. 68597
Date Filed
birth

The undersigned does solemnly swear that certain facts on the certificate of

for Unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 25, 1919 (Date of Event)

in Letha (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Una Roselene Barnett
mother's name	Helen Forhan	Hilda I. Forman

Subscribed and sworn to before me this 10th day of March, 1981.
Notary Public, LaVesta Edwards
Residing at Emmett, Idaho
My commission expires Nov 15-85
(Seal)

Una Smith
Signature of Applicant
2407 Mill Rd Emmett Ida
Street Address, City, State 83617

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gem } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1981.
Notary Public, LaVesta Edwards
Residing at Emmett, Idaho
My commission expires Nov-15-85
(Seal)

Hilda I. Schlaht
Supporting Signature
2487 Mill Rd Emmett, Idaho
Street Address, City, State

Correction corresp. 2-6-81

fc

Notification of Birth Registration from Idaho gives childs name as LaVesta Smith born Feb 4, 1944 in Emmett, Idaho. Father's name asAlvi n Lawrence Smith and mother's name as Una Rosalene Barnett. Viewed by V. S.

Marrige license and certif from Idaho gives name as Alvin Lawrence Smith and the bride's name as Una Rosalene Barnett dated Oct 25, 1937. viewed by V. S.

693-105-006-667

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116

Primary Registration District No. 2195

File No. 68598 9

Registered No. 390

FULL NAME OF CHILD Francis LeRoy Wilbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Wilbert	FULL MAIDEN NAME	Lizzie Fox
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurkinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Aberdeen Ida

Filed 5/5 19 McMurkinnon

Registrar

Form U. S. 306

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 68598
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Francis Le Roy Wilbert (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1919 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	omitted	Francis LeRoy Wilbert

Subscribed and sworn to before me this 1st day of July, 1940

Frank Martin Jr.
Notary Public, residing at Boise, Idaho
My commission expires March 6, 1943
(Seal)

Signed Beulah Wilbert Bramble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1611 State St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 1942

465-108-006-281

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116

File No. 68599

Primary Registration District No. 2195

Registered No. 391

FULL NAME OF CHILD Stillworth Benjamin Donlan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Ralph Donlan	FULL MAIDEN NAME	Eva Ruth Shaw
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.20A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson MD

(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen, Ida.

..... 19 ..... Filed 5/8/19 19 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-114-006-295

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68606

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. 392

FULL NAME OF CHILD Lewis Dean Oliver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 14 1919

FATHER		MOTHER	
FULL NAME	James Gilbert Oliver	FULL MAIDEN NAME	Mary King
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Martinson, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed 5/14/19 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

9-13-40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68801

City of Aberdeen Registration District No. 116 File No.

No. St. Primary Registration District No. 2195 Registered No. 393

Hospital

FULL NAME OF CHILD Josephine Mann

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 15 1919

FATHER	MOTHER
FULL NAME: Joe B.A. Mann	FULL MAIDEN NAME: Alice Mae Hunt
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Indiana
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen, Ida.

5/15/19

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

M. C. MacKinnon

Registrar

4.5-215
006-845

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H-C—[illegible]

Bureau of Birth

County of Ninebaw

JUN 2 1975

Dist No. [illegible]

553-223-006-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 116

Primary Registration District No. 2195

File No. 68602

Registered No. 394

FULL NAME OF CHILD ..... Ethel Mary Nelson .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 23 ..... 191 9

FATHER	MOTHER
FULL NAME: Thomas Nelson	FULL MAIDEN NAME: Mabel Beck
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 5 .... Number of children of this mother now living, including present birth ... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 12.20 AM
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cunningham M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19 .....

Registrar

Filed 5/23/19 19 .....

J. M. Cunningham

Registrar

JAN 18 1967

319-126
006-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68603

County of Bingham

City of Aberdeen,

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. 395

FULL NAME OF CHILD Delbert John Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Julius Emanuel Larsen	FULL MAIDEN NAME	Grace Claypool
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Aberdeen, Ida.

Filed 5/26/19 19 M C McKinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Blessing, May 4, 1920 gives full name as Delbert John Larsen, son of Julius A. Larsen and Grace M. Claypool, born May 26, 1919 at Aberdeen, Idaho - viewed by V.S. Honorable Discharge, U.S. Navy, dated March 5, 1946 gives full name as Delbert John Larsen, born May 26, 1919 at Aberdeen, Idaho - viewed by V.S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 68603

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for (Name on Original Certificate) who was born (Was Born or Died) on May 26 1919 (Date of Event) in Aberdeen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on February 22 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delbert John Larsen

Subscribed and sworn to before me this 20th day of July, 1963.

Mrs. Gladys Bliss
Notary Public, residing at Durand Ill.

My commission expires Dec. 5, 1965
(Seal)

Signed (Mildred Larsen Bowman) (Mrs. Edw. Bowman)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Winnebago }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1963.

Mrs. Gladys Bliss
Notary Public, residing at Durand Ill.

My commission expires Dec. 5, 1965
(Seal)

Signed D. R. Unger
(Signature of Any Credible Person Other Than Previous Year)

223 Main St. Pecatonica, Ill.
(Street Address, City, State)

1 50¢ pd. 2-23-43 - rec. #83802.

AUG [illegible]963

454-128-006-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68604

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116

File No. 9

Primary Registration District No. 2195

Registered No. 396-

FULL NAME OF CHILD Jesse Marion Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	MAY 28 19

FATHER

FULL NAME: Frank Underwood

RESIDENCE: Sterling, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Jane Standley

RESIDENCE: Sterling, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCuen Timmons MD

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

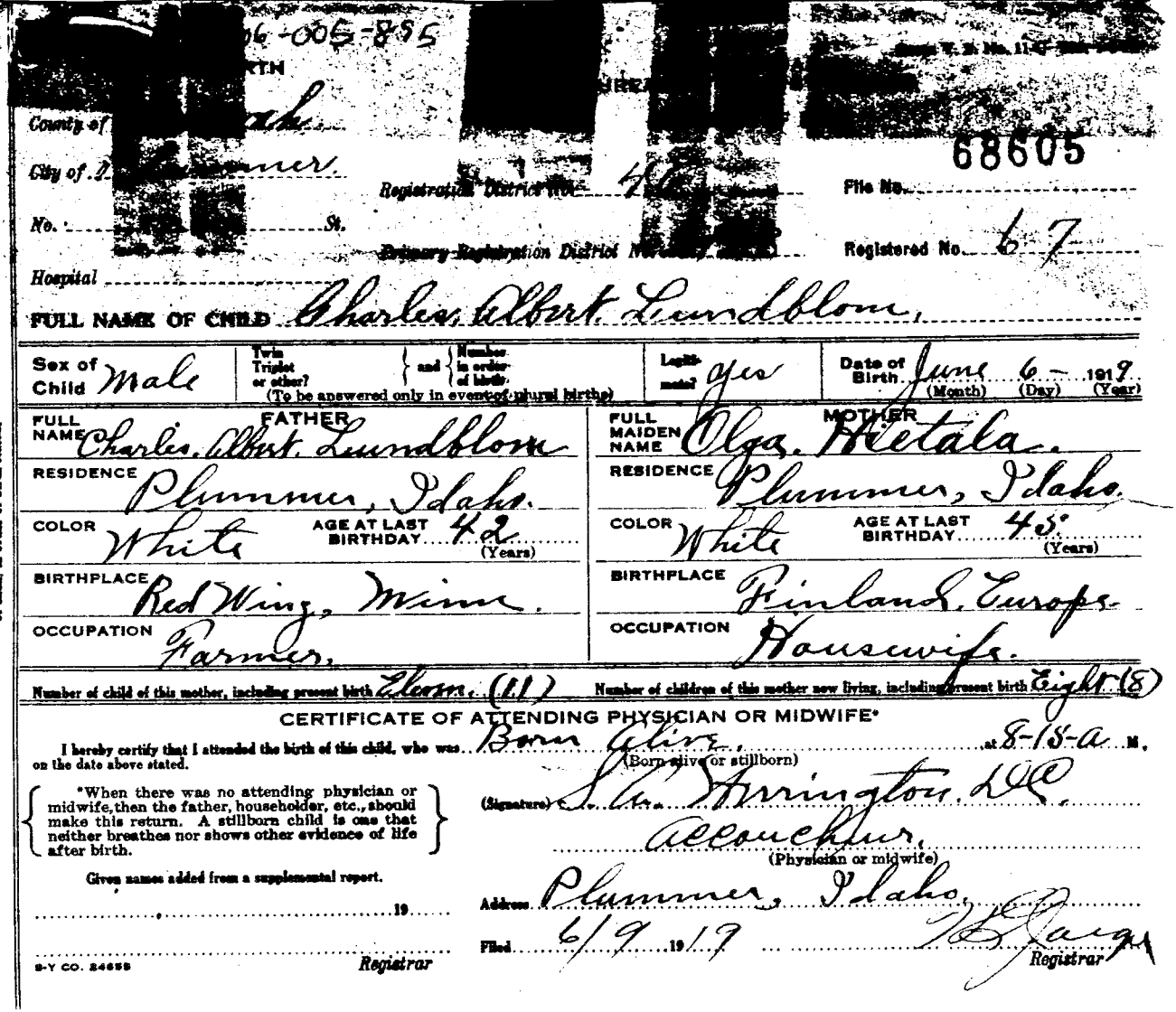
Filed 5/28/19 19..... McCuen Timmons

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]6-005-895 [redacted]

[redacted]RTH [redacted]

County of [redacted]ah

City of [redacted]mer

No. ..... St.

Hospital .....

Registration District No. 4[redacted]

Primary Registration District No. [redacted]

68605

File No. .....

Registered No. 67

FULL NAME OF CHILD Charles Albert Lundblom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Albert Lundblom	FULL MAIDEN NAME	Olga Hietala
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Red Wing, Minn.	BIRTHPLACE	Finland, Europe
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Eleven (11) Number of children of this mother now living, including present birth Eight (8)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8-15-a M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Harrington, D.C.

Accouchur (Physician or midwife)

Given names added from a supplemental report.

..... 19....

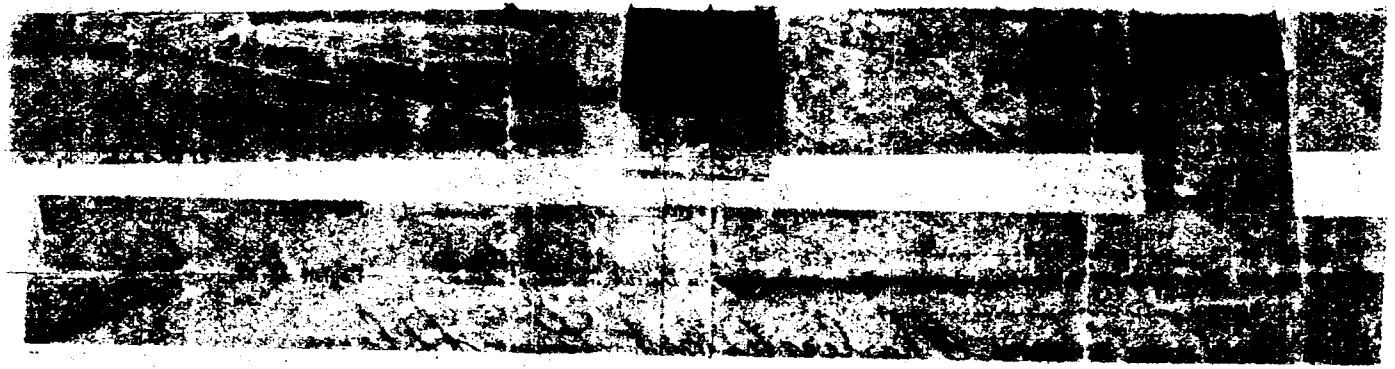
Address Plummer, Idaho

Filed 6/9 1919

[signature] Registrar

Registrar

S-Y CO. 24655



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-220-
PLAC[redacted] 001-417

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1404 Grand Ave.

Hospital ——

Registration District No. 2

File No. 68606

Primary Registration District No. 1004

Registered No. 137

FULL NAME OF CHILD Berniece Katherine Hopson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clyde A. Hopson	FULL MAIDEN NAME	Norma I Maxon
RESIDENCE	1404 Grand Ave., Boise	RESIDENCE	1404 Grand Ave., Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nevada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 5 15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise, Idaho

Filed 5/6 1919 L. P. Sherman
Registrar

S-Y-CO 38071

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 365-206 001-189

STATE OF [redacted]

BUREAU OF VITA[redacted]

CERTIFICATE [redacted]

68607

Count[redacted]

City of Z

No. 1103 N. 11th St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 143

Hospital

FULL NAME OF CHILD Margaret Elizabeth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Gilbert Conley	FULL MAIDEN NAME	Sarah Jane Ayre
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Rea Illinois	BIRTHPLACE	Fauquier Co Va
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 5/9 1919 L. Gorman Registrar

R-Y CO. 20174

[redacted]

MAY 21 1969

SEP 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 21

[redacted] V. S. No. 11-C—25m-1-1-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68608

County of Ada

City of Boise

No. 803 N 10 St.

Hospital Whites

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 132

FULL NAME OF CHILD GLADYS MYRTLE BIRD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Apr 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Roy Merle Bird	FULL MAIDEN NAME	Edna May Horne
RESIDENCE	803 N 10th Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Adv. Mgr. Garden Rule	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glase

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 5/6 1919 L. H. Homan

Registrar

Registrar

S-Y CO. 24655

[redacted]

JUN 30 1962

819-121-001-193

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphons

Registration District No. 2

Primary Registration District No. 1004

File No. 68609

Registered No. 133

FULL NAME OF CHILD Robert Elwyn Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 21 1919

FATHER		MOTHER	
FULL NAME	Lawrence B. Harris	FULL MAIDEN NAME	Iza Aitting
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	South Dakota	BIRTHPLACE	Mass.
OCCUPATION	Pharmacist	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 2nd 19 at 5 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers
Boise Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed ~~Feb 21~~ 19 ~~[illegible]~~

May 7-1919 L P Pioman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1942

613-118-001-294

PLACE OF BIRTH

County of Ada

City of Boise

No. 530 So 14 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68610

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 134

FULL NAME OF CHILD Francis Lyman Packrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Packrell	FULL MAIDEN NAME	Fanny Bruno Packrell
RESIDENCE	530 So 14	RESIDENCE	530 So 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Orderville Utah	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy
(Physician or midwife)

Given names added from a supplemental report.

K ..... 19 .....

Address 916 State Boise Id.

Filed 5/1 1919 L. Pierman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-215-001-249

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68611

County of Ada

City of Boise

No. 1311 N. 14 St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 135

Hospital

FULL NAME OF CHILD Nadine Buckmaster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Apr 15 1919

FATHER		MOTHER	
FULL NAME	Moddrel Buckmaster	FULL MAIDEN NAME	Grace Smith
RESIDENCE	Star Idaho	RESIDENCE	Star Idaho
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Ranch.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 20 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

(Signature) I. M. Holverson

M. D.
(Physician or midwife)

Address 575 - 9 Empire Bldg Boise

Filed 5/1 1919 L. Gorman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1958

884-207-001-793

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68612

County of Ada

City of Boise

No. 611 N 6 St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 136

FULL NAME OF CHILD Shirley May Hyde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Apr 7 1919

FATHER		MOTHER	
FULL NAME	Aden Hyde	FULL MAIDEN NAME	Bernice Pittman
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Georgia
OCCUPATION	Solicitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 50 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I M Holverson

M D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Address 515-19 Empire B. Boise

Filed: 5/1 1919 [signature]
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1945

MAY 1942

485-117-001-354

Form ~~U. S. No.~~ 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68613

County of Ada

City of Boise

No. 1107 Grove St.

Hospital ——

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 138

FULL NAME OF CHILD Alvin Clinton Dyer

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Albert C. Dyer	FULL MAIDEN NAME	Pearl H. Templeton
RESIDENCE	Rogerson, Idaho	RESIDENCE	Rogerson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 11 15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 5/6 1919 L. P. Forman
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 68613

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Alvin Clinton Dyer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 17, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alvin Clinton Dyer

Subscribed and sworn to before me this 6th
day of February, 1942

Probate Judge, Ada County, Idaho

My commission expires .....
(SEAL)

Signed Albert C Dyer
Pearl Dyer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bend, Oregon.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

135-105-001-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68614

County of Ada

City of Boise

Registration District No. 2 File No.

No 24th & Anderson Sts

Primary Registration District No. 1004 Registered No. 139

Hospital

FULL NAME OF CHILD Harry Donald Alverson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4 — 5 — 1919

FATHER	MOTHER
FULL NAME: Frederick C. Alverson	FULL MAIDEN NAME: Sadie A. Cole
RESIDENCE: 24th & Anderson Sts., Boise	RESIDENCE: 24th & Anderson Sts., Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Five

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. N. Brayton M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 5/6 1919 H. E. Gorman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941
APR 2 0 [illegible]

251-106-001-432

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68615

County of Ada

City of Boise

No. — St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 140

FULL NAME OF CHILD Maynard Peter Knai

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 - 6 - 1919

FATHER		MOTHER	
FULL NAME	P. O. Knai	FULL MAIDEN NAME	Della J. McKeeth
RESIDENCE	Grandview, Idaho	RESIDENCE	Grandview, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Norway,	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 5/8 1919 L. P. Sherman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1972

253-224-001-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68616

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 141

Hospital St. Luke's

FULL NAME OF CHILD Mary Margaret Belk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	4 – 24 – 1919

FATHER	MOTHER
FULL NAME Clarence F. Belk	FULL MAIDEN NAME Susan A. Richard
RESIDENCE R.D. #4, Boise	RESIDENCE R. D. #4, Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 p. m. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 5/8 1919 L. A. Foreman Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1943

617-202-001-242

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2

File No. 68617

Primary Registration District No. 1004

Registered No. 142

FULL NAME OF CHILD Julia Marcella Wagner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robt L. C. Wagner	FULL MAIDEN NAME	Theresa Bushman
RESIDENCE	Tom Davis Rauch, Boise	RESIDENCE	Tom Davis Rauch, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Germany
OCCUPATION	Rauch Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 8 40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Sayers

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 5/8 1919 L P Pfoman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1970

643-203-001-862

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 307 N. 21 St.

Hospital

Registration District No. 2

File No. 68618

Primary Registration District No. 1004

Registered No. 144

FULL NAME OF CHILD Dorothy Leone Fulton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin C. Fulton	FULL MAIDEN NAME	Celesta L. Hoseley
RESIDENCE	307 N 21 St.	RESIDENCE	307 N 21 St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck (Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Registrar

Filed 5/10 1919 L. L. Jerman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 6 1975

851-204-001-893

PLACE OF BIRTH

[redacted] DAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

68619

County of Ada

City of Boise

No. 1123 Fort St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 145

FULL NAME OF CHILD Barbara Louise Healy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 4 1919

FATHER		MOTHER	
FULL NAME	Wm Healy	FULL MAIDEN NAME	Mary Hicks
RESIDENCE	1123 Fort	RESIDENCE	1123 Fort
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Atty	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 5/10 1919 L. Hinman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF STATE

SEP 19 1962

OCT 3 4 42

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11—25m-6-15-18

213-128-001-795

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68620

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 146

Full Name of Child Harold Eugene Salisbury

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	4 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jno T. Salisbury.	FULL MAIDEN NAME	Martha Pressey.
RESIDENCE	1914 - N - 11.	RESIDENCE	1914 - N - 11.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Mich.
OCCUPATION	Foreman of sheep ranch	OCCUPATION	House wife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 8:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 5/12 1919 L. Herman

Registrar

Certified copy issued October 22, 1940.

JUL 27 1961

BUREAU OF HEALTH

431-113-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 68621

No. ..... St.

Primary Registration District No. 1004

Registered No. 147

Hospital St. Lukes

FULL NAME OF CHILD Robert McAbee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	April 13 1919

FATHER		MOTHER	
FULL NAME	Brantley McAbee	FULL MAIDEN NAME	Isabel Carns
[redacted]NCE	2724 Idaho	RESIDENCE	2724 Idaho
[redacted]	White — AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)
[redacted]LACE	So Carolina	BIRTHPLACE	Penn.
[redacted]ATION	Motorman	OCCUPATION	Housewife

[redacted] of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[redacted]y certify that I attended the birth of this child, who was born alive at 4:15 a.m. [redacted]e above stated.
(Born alive or stillborn)

[redacted] When there was no attending physician or [redacted]wife then the father, householder, etc., should [redacted]e this return. A stillborn child is one that [redacted]her breathes nor shows other evidence of life [redacted] birth.

(Signature) J. S. Springer

(Physician or midwife)

[redacted]iven names added from a supplemental report.

..... 19.....

Address [illegible]

Filed 5/19 1919 L. B. Foman

Registrar

Registrar

MARGIN R[redacted] FOR BINDING
WRITE PLAINLY WITH UNF[redacted]HIS IS A PERMANENT RECORD
[redacted]ATE RETURN must be made for each [redacted] of birth stated.

367-107-001-753

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68622

County of Ada

City of Boise

No. 2800 Idaho St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 148

FULL NAME OF CHILD Harold Carlisle Cox

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
m	0	4	yes	May 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas C Cox	FULL MAIDEN NAME	Josephine Peterson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P M. on the date above stated.

(Born alive or stillborn)

(Signature) O H Parker

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Address 903 McCarty Bld

Filed 5/17 1919 L R Foreman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 12 3 00 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68622

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cox (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)
in Boise, Idaho (Ada) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harold Carlisle Cox

Subscribed and sworn to before me this 7th day of September, 19 77

Notary Public, residing at Rexburg, Ida

My commission expires 6-11-80

(Seal)

Signed Josephine A. Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 7/8/77 ret'd $5 check

Certif of Baptism and Confirmation from the LDS Church gives name as Harold Carlisle Cox son of Charles C. Cox and Josephine Peterson. born May 7, 1919 ay Boise, Idaho. Baptized Nov 24, 1929. viewed by V. S.

NOV 23 1977

Honorable Discharge from the U.S.Army gives name as Harold Carlisle Cox born May 7, 1919 at Boise, Idaho. date of separation Nov 25, 1951. viewed by V. S.

219-213-001-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68623

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 149

Hospital St Alphonsus

FULL NAME OF CHILD Jessie Walton Barker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f	2		1	yes	May 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S W Barker	FULL MAIDEN NAME	Fannie Long
RESIDENCE	deceased	RESIDENCE	Eagle
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	net	BIRTHPLACE	Idaho
OCCUPATION	deceased	OCCUPATION	House work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 McCarty Bld

Filed 5/17 1919 L P Froman

Registrar

SEP 5 1963

FEB 19 1943

NOT

351-215-001-129

Form V. S. No. 11-C—Sec. 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68624

County of Ada

City of Boise

No. 607 N 6th St.

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 150

Hospital

FULL NAME OF CHILD Angela Lejardi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	5 (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Pedro Lejardi	FULL MAIDEN NAME	Petra Arrigui
RESIDENCE	607 N 6th St.	RESIDENCE	607 N 6th St
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheep.	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

(Physician or midwife)

Given names added from a supplemental report.

19

Address Overland Bldg

Filed 5/17 1919 L. R. [illegible]

Registrar

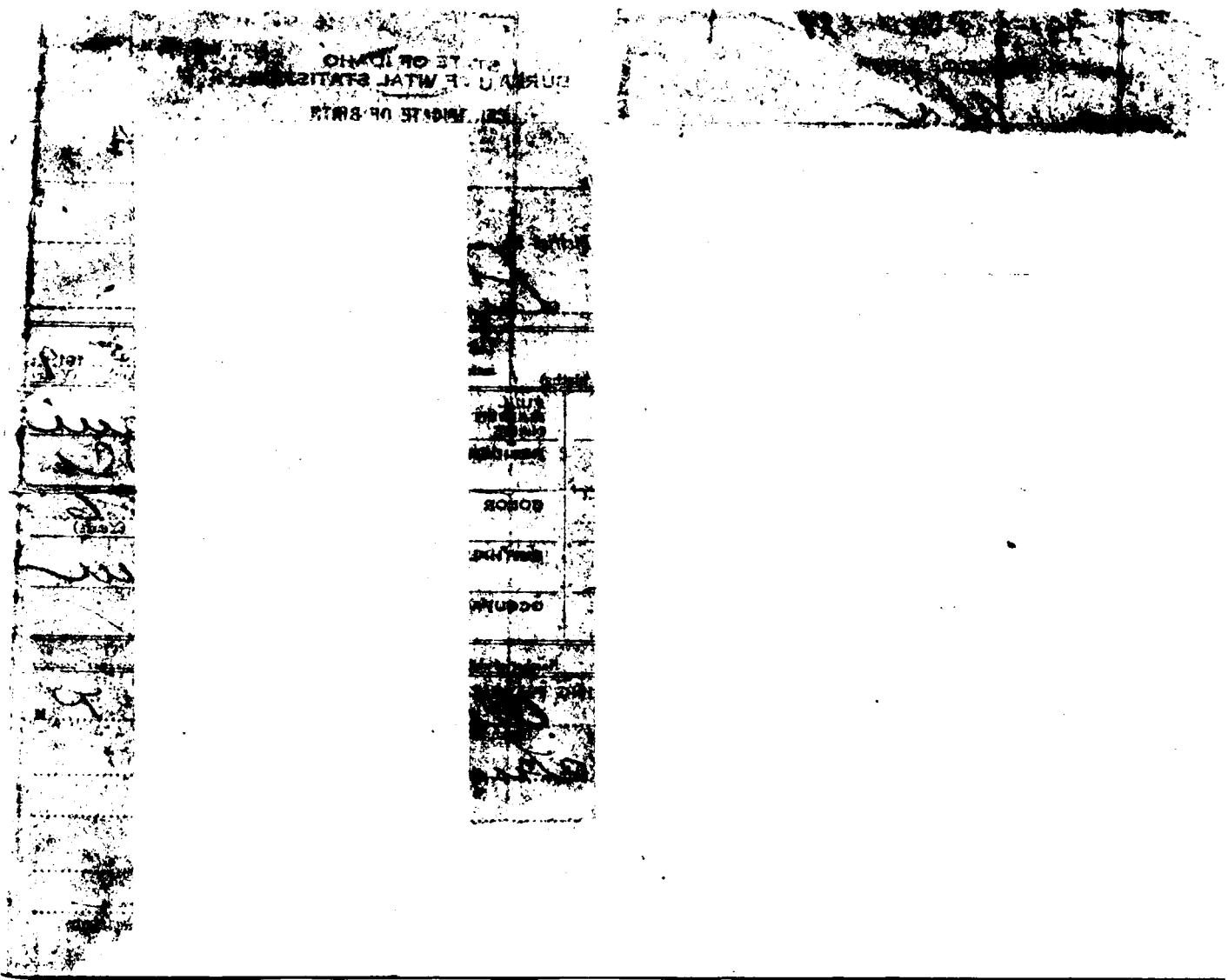
Registrar

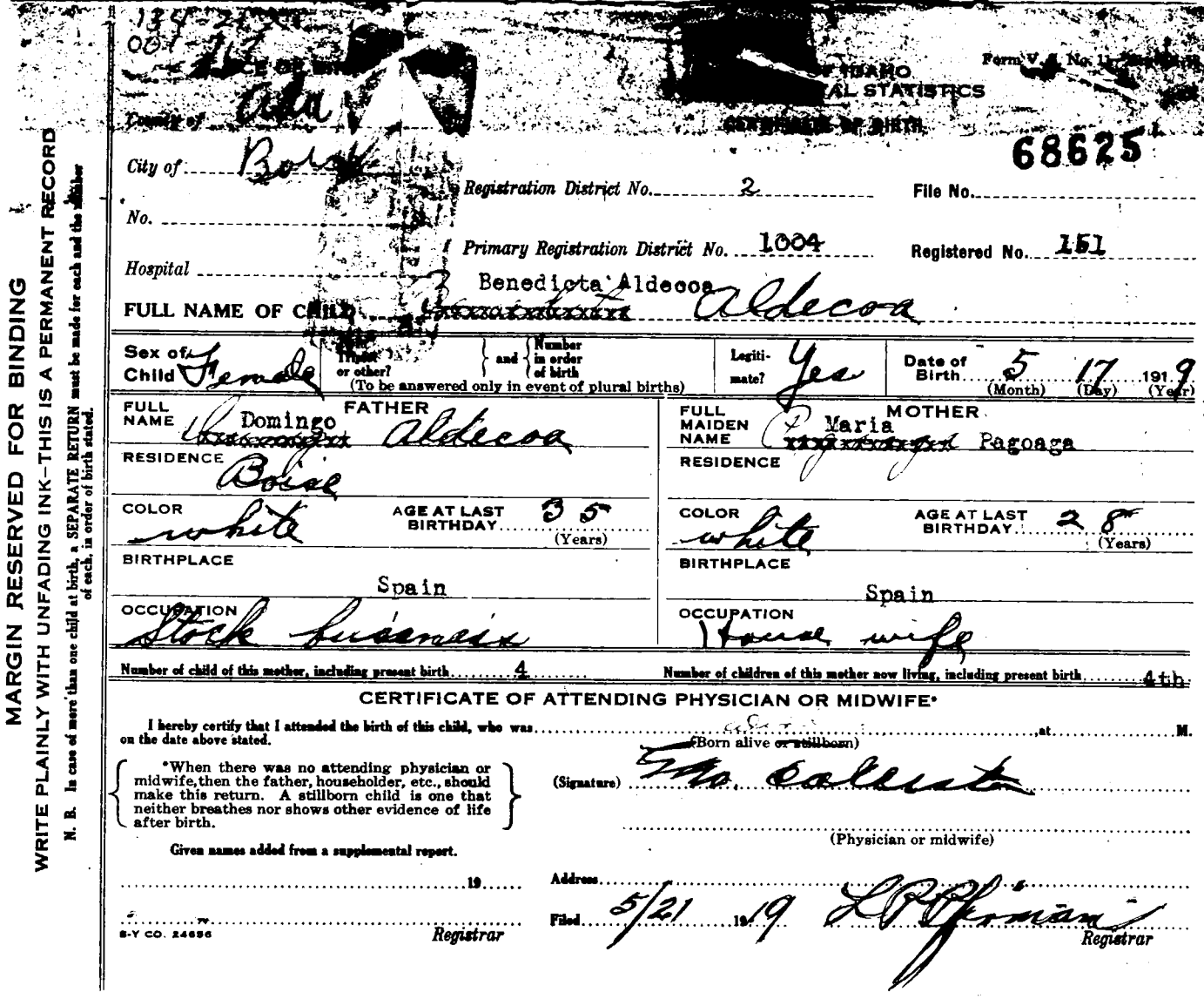
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-21
001-11

Form V. [illegible] No. 11 [illegible]

[illegible] OF IDAHO
[illegible]AL STATISTICS
CERTIFICATE OF BIRTH

68625

County of Ada

City of Boise

Registration District No. 2 File No.

No.

Primary Registration District No. 1004 Registered No. 151

Hospital

FULL NAME OF CHILD Benedicta Aldecoa Aldecoa

Sex of Child Female

Trip or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Domingo Aldecoa	FULL MAIDEN NAME	Maria Pagoaga
RESIDENCE	Boise	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Stock business	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive ~~or stillborn~~) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mo. Calleston

(Physician or midwife)

Given names added from a supplemental report.

19

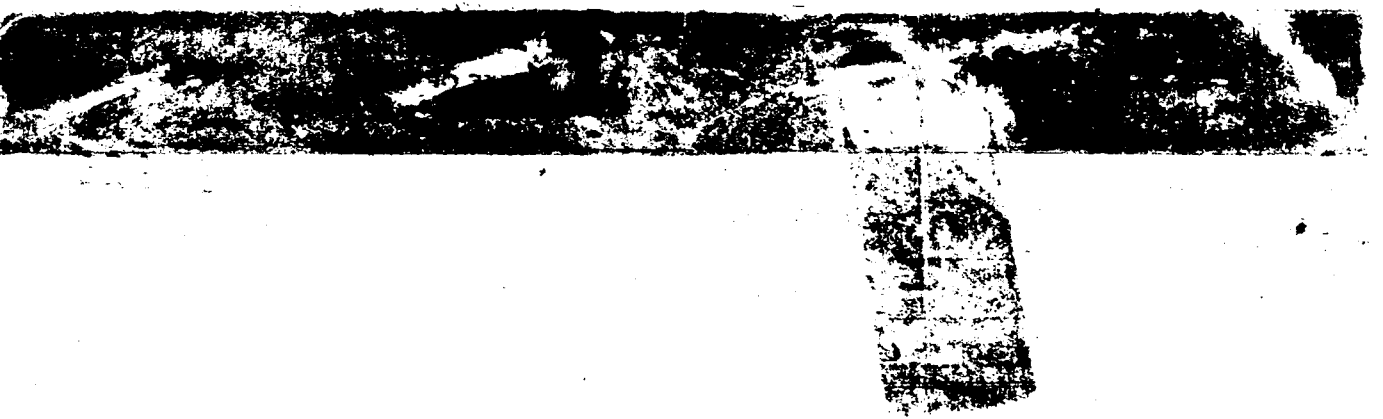
Address

Filed 5/21 1919 L P Pfirman

Registrar

Registrar

S-Y CO. 24656



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 68625

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Benedita Aldecoa (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 17, 1919 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED (NAME OF "BIRTH DATE OF CHILD OR DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Number of Child of Mother	Omitted	4th
Name	Benedita Aldecoa	Benedicta Aldecoa
Name of Father	Dunigo Aldecoa	Domingo, Aldecoa
Maiden name of Mother	Pogoaga	Maria Pagoaga
Place of Parents birth	omitted	Spain

Subscribed and sworn to before me this 15 day of July, 1942

Rosella R. Bruneau

Notary Public, residing at Boise

My commission expires 11-27-43

(SEAL)

Signed Domingo Aldecoa

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

212 East Idaho Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of July, 1942

Dorothy M. Gray

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943

(SEAL)

Signed Anastasio Abarrate

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

716 N. 8th st. Boise, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUN 1 0 1966

JAN 27 1969

OCT 15 1943

JUL 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Boise

No. 1111 Grove St.

Registration District No. 2

File No. 68626

Primary Registration District No. 1004

Registered No. 152

Hospital

FULL NAME OF CHILD Thelma Myrle Woolsey

Sex of Child Female

Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Richard Woolsey	FULL MAIDEN NAME	Jennie M. Carter
RESIDENCE	1111 Grove	RESIDENCE	1111 Grove
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sunnison Utah	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Hawley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 916 State Boise Id.

Filed 5/27 1919 L. Freeman

Registrar

Registrar

S-Y-CO 38071

Form V.S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Boise Registration District No. 2 File No.

No. 1516 Broadway Primary Registration District No. 1004 Registered No. 153

Hospital

FULL NAME OF CHILD Robert Louis Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	C. L. Carter	FULL MAIDEN NAME	Anna G. Maus
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 55 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 5/28 1919 L. P. Forman

Registrar Registrar

S-Y-CO 38071

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68627

PLACE OF BIRTH

County of Ada

SEP 27 1971

954-214-001-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68628

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1994 Registered No. 154

FULL NAME OF CHILD Margaret Redeker

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) — 14 (Day) — 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harry E. Redeker	FULL MAIDEN NAME	Jane A. Clark
RESIDENCE	1213 N. 17th, Boise	RESIDENCE	1213 N. 17th, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	South Dakota
OCCUPATION	High School Coach	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 5/28 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

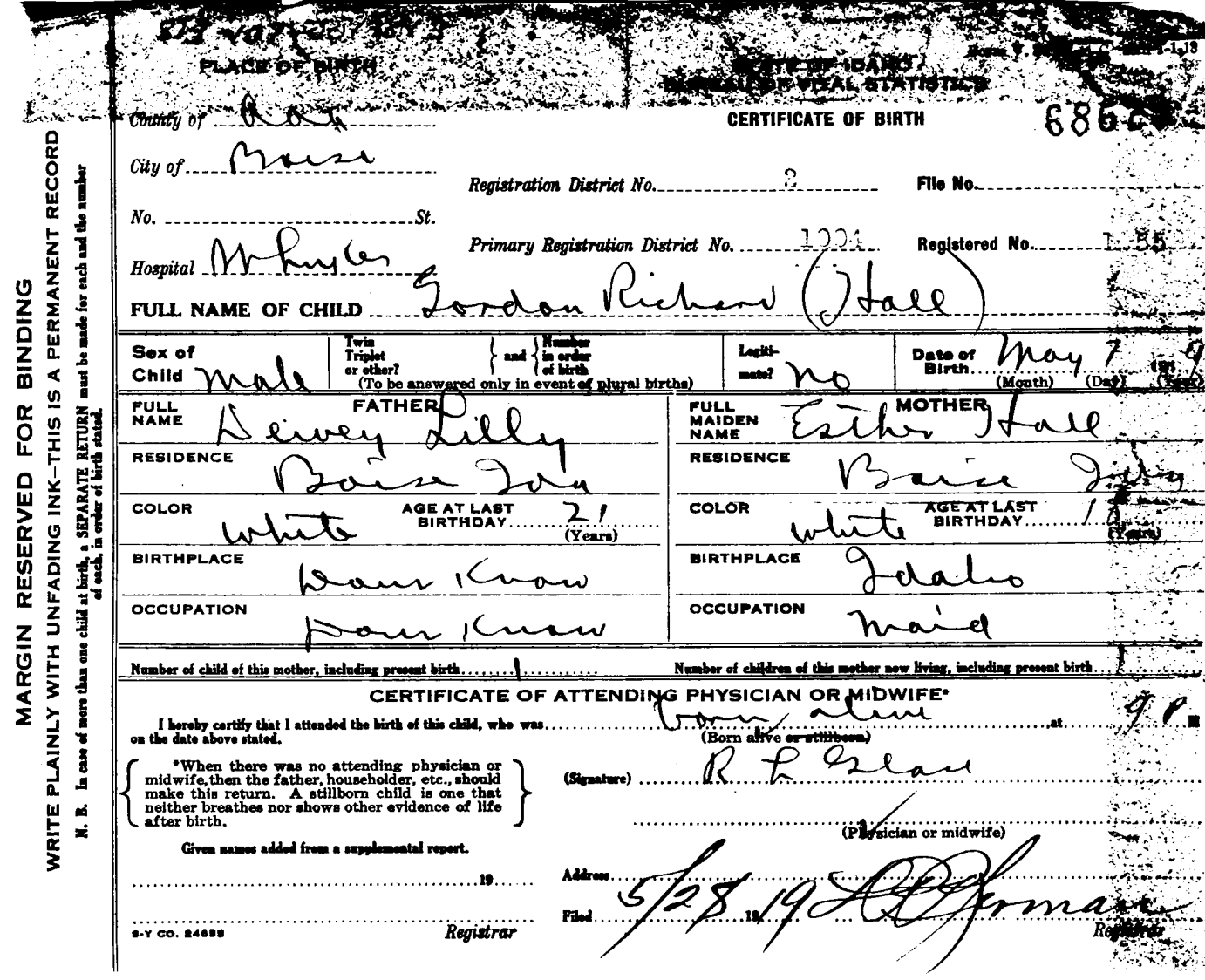
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital Whyte

CERTIFICATE OF BIRTH

686

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 1.55

FULL NAME OF CHILD Gordon Richard (Hall)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		No	May 7 19

FATHER		MOTHER	
FULL NAME	Dewey Lilly	FULL MAIDEN NAME	Esther Hall
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	1[illegible] (Years)
BIRTHPLACE	Dour Know	BIRTHPLACE	Idaho
OCCUPATION	Dour Know	OCCUPATION	Maid

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glass

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5/28 19 [illegible]

Registrar

Registrar

S-Y CO. 24655

814-119-001-445

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68630

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No. 156

Hospital St. Alphonsus

FULL NAME OF CHILD Baby Houser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Houser	FULL MAIDEN NAME	Winifred Dunlap
RESIDENCE	Huntington, Ore	RESIDENCE	Huntington, Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	BIRTHPLACE	Nebraska
OCCUPATION	Yard Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Springer

(Physician or midwife)

Given names added from a supplemental report.

Address Boise

19

Filed 5/29 1919 L. H. Thomson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-223-001-433

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68631
Local Reg. No.
Reg. Dist. No. 2

Amended 11/22/77

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1415 N 17

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1415 N 17

3. CHILD'S NAME *(Type or print)*
a. (First): Frances
b. (Middle): E.
c. (Last): Miller

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) May (Day) 23, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): R.
b. (Middle): W.
c. (Last): Miller

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kansas
10. USUAL OCCUPATION: Asst. Cashier
11. KIND OF BUSINESS OR INDUSTRY: Idaho Power Co.

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Gladys
b. (Middle):
c. (Last): Utter

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. H. Parker
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: 303 McCarty Bldg.
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: 5/31/19
22. REGISTRAR'S SIGNATURE: L. P. Pfarman
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Time: 11 PM

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

8/26/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 13 3 00 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ohio } ss.
County of Preble }

Certificate No. 68631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jean Miller (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1919 (Date of Event),
in Boise, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism September 24, 1969 (Bible record, Insurance Policy, Etc.) prepared on February 4, 1957 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Jean Miller	Frances Elizabeth Miller

Subscribed and sworn to before me this 28th day of September, 19 77

Patricia A Daily

Notary Public, residing at Eaton, Preble, Ohio

My commission expires October 1, 1978

(Seal) PATRICIA A. DAILY, Notary Public
In and for the State of Ohio
My Commission Expires Oct. 1, 1978

Signed Frances Elizabeth Addison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

104 East Somers Street Apt 1 Eaton Ohio 45320
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.
County of Preble }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 19 77

Patricia A Daily

Notary Public, residing at Eaton, Preble, Ohio

My commission expires Oct. 1, 1978

(Seal) PATRICIA A. DAILY, Notary Public
In and for the State of Ohio
My Commission Expires Oct. 1, 1978

Signed Robert C. Addison
(Signature of Any Credible Person)

104 East Somers Street Eaton, Ohio 45320
(Street Address, City, State)

FORM DH 60-155

Certif of Baptism from Westwood-Cheviot Church of Christ gives name as Frances E. Addison, baptized Sept 24, 1967. born May 23, 1919. viewed y V. S.

Insurnace policy from The Western and Southern Life Insurnace Co. gives name as ~~Exn~~=Frances E. Addison and the Beneficiary as Robert Addison. dated Feb 4, 1957. viewed by V. S.

243-219-001-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68632

Registration District No. 2 File No. .....

Primary Registration District No. 1224 Registered No. 158

FULL NAME OF CHILD DOROTHY ELEANOR BUCHANAN Infant Buchanan, Dorothy Eleanor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Timothy J Buchanan	FULL MAIDEN NAME	Sarah Grant
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	N Carolina
OCCUPATION	Chief Engineer Boise Payette	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 303 McCarty Blvd

Filed 5/31 1919 L H Foman

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Klamath } ss.

Certificate No. ____

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorothy Eleanor Buchanan (Name on Original Certificate) who was born (Was Born or Died) on 5-19-1919 (Date of Event)

in St Luke's Hosp Boise, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Male	Female

Subscribed and sworn to before me this -16- day of Frank 1942

J. D. Merritt

Notary Public, residing at Klamath Falls

My commission expires Jan. 26, 1946

(Seal)

Signed Mrs J. F. Buchanan

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

S.P.B. Ltr Co Klamath Falls, Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Klamath } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this -16- day of Frank 1942

J. D. Merritt

Notary Public, residing at Klamath Falls

My commission expires Jan. 26, 1946

(Seal)

Signed W B Drew

(Signature of Any Credible Person Other Than Previous Year)

635 North 9th Klamath Falls Ore.

(Street Address, City, State)

574-216-001-574

(7)

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ~~Boise~~

No. 5 mile school District

Registration District No. 8

File No. 68633

Primary Registration District No. 7004

Registered No. 28

Hospital

FULL NAME OF CHILD Dolores ~~Eguerola~~ EGURROLA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	May 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Angel ~~Eguerola~~ EGURROLA	FULL MAIDEN NAME	~~Christina~~ Cristina Eguia
RESIDENCE	5 mile school district	RESIDENCE	5 mile school district
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Registrar

Filed 5/17 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 68633

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Eguerola	Dolores Egurrola
Mother's first name	Christina	Cristina

Subscribed and sworn to before me this 11th day of September, 1942

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(Seal)

Signed Mrs Claude Walmot

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

MAR 1 5 1956

168-107-001-355

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68634

County of Ada

City of Boise Ida. R.D. #4

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. 29

Hospital

Full Name of Child Gerald Marian Johnson

SEX OF CHILD Male	Twin Triplet or other? Twin and Number in order of birth Second (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH May (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Gus H Johnson	FULL MAIDEN NAME	Oral Lee
RESIDENCE	Eagle Ida	RESIDENCE	Eagle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address 417 Overland Bldg. Boise Ida

Registrar

Filed 5/15 1919 L. P. Pfirman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 68635

Registration District No. 8 File No.

No. ____ St.

Primary Registration District No. 2004 Registered No. 30

Hospital

Full Name of Child Geneva Lee Johnson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	Twin	and	One	yes	May 7 1919

FATHER		MOTHER	
FULL NAME	Gus W Johnson	FULL MAIDEN NAME	Oral Lee
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. French

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 410 Overland Bldg. Boise Ida.

Filed 5/15 1919 L. O. Freeman

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...IN RESERVED FOR BINDING

JAN 24 1942

OCT 17 1944

219-220-001-653

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68636

County of Ada

City of Boise

Registration District No. 8 File No.

No. Broadway & Rossi Sts

Primary Registration District No. 20-04 Registered No. 31

Hospital

FULL NAME OF CHILD Julia Katherine Barnum

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 — 20 — 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. Wm. Barnum	Julia S. Feldhusen
RESIDENCE	South Boise	South Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Michigan	Nebraska
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth one. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Filed 5/28 1919 L. E. Gorman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1971

AUG 2 4 1942

235-105-001-355

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68637

County of Ada

City of

No. St.

Hospital

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 32

FULL NAME OF CHILD John Lindsay Stendal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	5 5 1919

FATHER		MOTHER	
FULL NAME	Geo. Filden Stendal	FULL MAIDEN NAME	Henrietta Lindsay
RESIDENCE	Riverside Ore	RESIDENCE	Riverside Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Seaside Ore
OCCUPATION	Costkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5/21 1919 L. R. Herman Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-3-41.

AUG 5 1974

735-126-001-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68638

County of Ada

City of Boise

No. Near Collister St.

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 33

Hospital

FULL NAME OF CHILD Roy Clifford Glenn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Saml. P. Glenn	FULL MAIDEN NAME	Effie M Burridge
RESIDENCE	Near Collister	RESIDENCE	Near Collister
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or stillborn~~), at 7 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address 303 McCarty Bld

Filed 5/31 1919 L F Gorman

Registrar

Registrar

JUN 15 1993

462-120-001-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. S Boise St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 8

File No. 68639

Primary Registration District No. 2004

Registered No. 34

FULL NAME OF CHILD Infant Mobley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Mobley	FULL MAIDEN NAME	Ina Whitney
RESIDENCE	S Boise	RESIDENCE	S Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ill.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or stillborn~~) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 303 McCarty Bld

Filed 5/31 1919 L P Ferman

Registrar

515 - 118
013 - 295

[redacted]

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68640

County of Canas

City of 6 Miles N. of Soldier

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Wayne Burk VanSkike

Sex of Child: male

Twin / Triplet / or other? (To be answered only in event of plural births) and (Number in order of birth)

Legitimate? yes

Date of Birth: May (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Carol Joan VanSkike	FULL MAIDEN NAME	Veda Belle Kinney
RESIDENCE	Soldier Ida.	RESIDENCE	Soldier Ida.
COLOR	W	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho

Filed June 8 1919

L Wilencheck (Registrar)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... (Registrar)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

539-129
016-141

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

name added , last name
amend 9-27-84 dl

County of Cass

City of Almo

Registration District No. 114

File No. 68642

No.

Primary Registration District No.

Registered No.

Hospital At home

FULL NAME OF CHILD Elmo Elison

Sex of Child Male	Twin Triplet or other? Twins and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John ~~Ellison~~ Elison	FULL MAIDEN NAME	Mary E. Adams
RESIDENCE	Almo, Ida.	RESIDENCE	Almo, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Oakley, Idaho,
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Ida

Filed June 1 1919 C. I. Sater

Registrar

Registrar

S-Y-CO. 38071

2-25-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 26 9 18 AM '84

State of IDAHO
County of CASSIA } ss.

Certificate No. 68642
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Ellison (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-29-19 (Date of Event)

in Almo (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Ellison	Elmo Elison
fathers last name	Ellison	Elison

Subscribed and sworn to before me this 25th day of September, 1984

Notary Public, Gene Baxter
Residing at Malta, Ida.
My commission expires life term
(Seal)

Elmo Elison
Signature of Applicant

Malta Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of CASSIA } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 1984

Notary Public, Gene Baxter
Residing at Malta, Ida
My commission expires life term
(Seal)

By Albert J. Cattle
Supporting Signature

Malta, Idaho 83342
Street Address, City, State

LDS Church record of Blessing lists Elmo Elison born May 29, 1919 in Almo to John Alfred Elison and Mary Emily Adams was blessed July 6, 1919. Viewed by V.S.

LDS Church record of Baptism lists Elmo Elison son of John Alfred Elison and Mary Emily Adams born May 29, 1919 in Almo was baptised May 28, 1927. Viewed by V.S.

816-209-021-863

1

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 11

File No. 68644

Primary Registration District No. 2003

Registered No. .....

FULL NAME OF CHILD ~~Anna Elizabeth~~ FLORENCE ELIZA Hawkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		1	Yes	May 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thurman Buell Hawkins	FULL MAIDEN NAME	Margaret Alma Holman
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Formalise (Born alive or stillborn), at 11.05 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian, Ada

..... Registrar

Filed May 10 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68644

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Florance Eliza Hawkins (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1919 (Date of Event) in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on February 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rena Elizabeth	Florence Eliza Hawkins

Subscribed and sworn to before me this 16 day of August, 1943.

Ley M Clark
Notary Public, residing at Boise Idaho.

My commission expires May 21, 1947
(Seal)

Signed Mrs Audrey Hawkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 1 6 1943

816-109-001-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68645

County of Ada

City of Eagle

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD LAWRENCE EUELL HAWKINS

Sex of Child Male

Twin Triplet or other? X and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thurman Buell Hawkins	FULL MAIDEN NAME	Margaret Alma Holman
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian Ada

19

Registrar

Filed May 10 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 68645

Date Filed Birth
(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed Hawkins (Name on Original Certificate) who born (Was Born or Died) on May 9, 1919 (Date of Event)
in Eagle Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on March 9, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lawrence Eugene Hawkins

Subscribed and sworn to before me this Ninth
day of March, 1942.

Notary Public, residing at Nampa Idaho

My commission expires Jan. 10 - 1946
(Seal)

Signed Mrs Margaret Hawkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

211 - BANNER ST. NAMPA, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-230-001-238

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68646

County of Ada

City of Ustick, Ida. Registration District No. 11 File No.

No. St. Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Gula Winifred Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex. Reginald Phillips	FULL MAIDEN NAME	Winifred Jessie Schott
RESIDENCE	Ustick, Ida.	RESIDENCE	Ustick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Ida.

19

Registrar

Filed May 10 1919 Alice A. Dutton Registrar

OCT 8 1943

482-107-001-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68647

County of Ada

City of South Boise Registration District No. 11 File No.

No. St. Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Verne LeRoy Illysinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 7 1919

FATHER	MOTHER
FULL NAME: Marshall Josiah Illysinger	FULL MAIDEN NAME: Gertrude Adelaide Brandon
RESIDENCE: South Boise, Ada	RESIDENCE: South Boise, Ada
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Texas
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian, Ida.

Filed May 10 1919 Alice A. Dutton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1942

756-116-001-595

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68649

County of Ada

City of Nampa

No. R. D. 2 St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Raymond Ernest Grosso

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bernard Grosso	FULL MAIDEN NAME	Nora Vincent
RESIDENCE	Nampa, R.D. 2	RESIDENCE	Nampa, R.D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	So. Dakota	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalise (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian, Ida

Filed May 20 1919 Alice A. Dutton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GROSSO

359-225-001-449

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68650

County of Ada

City of Meridian Registration District No. 11 File No.

No. ..... St. Primary Registration District No. 2083 Registered No.

Hospital

FULL NAME OF CHILD Helen Esther Leininger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 25 1919

FATHER		MOTHER	
FULL NAME	Jake Osborn Leininger	FULL MAIDEN NAME	Helen Durkee
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Vermont
OCCUPATION	Harness-maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian Ada

Filed May 30 1919 Alice A. Dutton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-223-020-2 48

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

[redacted] DAHO

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68651

Registration District No. 35

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD ..... DOROTHEA MAXINE TAYLOR .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	3	yes	May 23 1919

FATHER		MOTHER	
FULL NAME	Samuel B. Taylor	FULL MAIDEN NAME	Martha Pickl
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Loco. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (or stillborn) on May 23 1919 at 4 7 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed May 27 1919

J. W. Davis

Registrar

STATE OF

854-201
037-389

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. ..... File No. 68652

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Hannah Marjorie Hemsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 1st, 1919

FATHER		MOTHER	
FULL NAME	John Hemsley	FULL MAIDEN NAME	Bertha L. Christensen
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mill Creek Utah	BIRTHPLACE	Mink Creek Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 1st., 1919 at 12-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 5/5 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1944

436-116-020-866

PLACE OF BIRTH

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

STATE OF IDAHO [redacted] No. 11-C—20m-6-3-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68653

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	5	yes	May 16 1919

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Parley McFarland	FULL MAIDEN NAME: Estella Howell
RESIDENCE: King Hill	RESIDENCE: King Hill
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Signal Maintainer O.S.L.R.R.	OCCUPATION: Housewife

Number of child of this mother, including present birth .... 5 .... Number of children of this mother now living, including present birth .... 4 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... on the date above stated. May 16, 1919 at 7.25 2 M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 20 1919 J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Jones V. R.

244-206-020-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

68654

Registration District No. 35 File No. .....

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Violet Pauline Sumner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	May 6 1919

FATHER		MOTHER	
FULL NAME	Jess Sumner	FULL MAIDEN NAME	Vera Mitchell
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Switchman O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on the date above stated. May 6 1919 at 8 P M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 20 1919 J. W. Davis
Registrar

JAN 5 1967
OCT 22 1971
OCT 27 1971

134-221-020-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 68655

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Callen Aldrich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	yes	May 21 1919

FATHER		MOTHER	
FULL NAME	William Aldrich	FULL MAIDEN NAME	Rosa Chambers
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	Black	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	America		26
OCCUPATION	Laborer	BIRTHPLACE	America
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... May 21 1919, at 10.35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 27 1919

J. W. Davis
Registrar

593 - 213 - 020 - 993

PLACE OF BIRTH

Form V. S. No. 11-C—26m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 68656

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Zilah B. Vitito

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	May 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George E. Vitito	FULL MAIDEN NAME	Edna May Rice
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Loco. Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 13 1919, at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed May 13 1919 J. W. Davis M. D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Latah

City of Bovill

No. # St.

Hospital #

Registration District No. 66

File No. 6

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD Iona Albert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Tim Albert	FULL MAIDEN NAME	Cora Hopkins
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

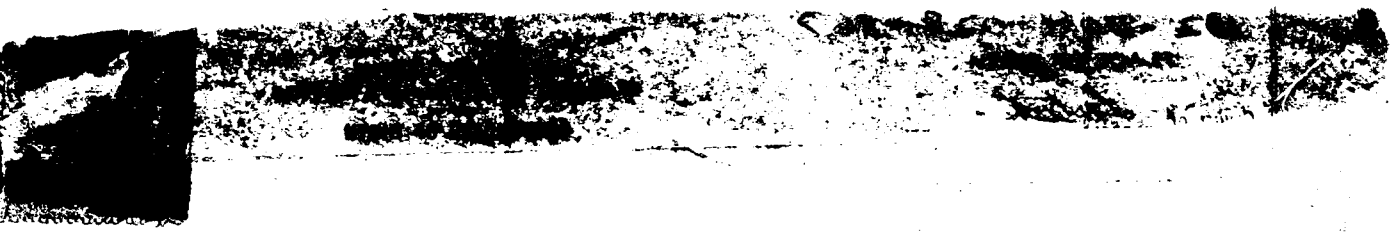
..... 19....

Address Bovill Idaho

Registrar

Filed 5/15 1919 Mrs F C Gibson Registrar

S-Y CO. 24655



917-12[illegible]-029-796

PLACE OF BIRTH

[redacted]

Form V. S. [illegible]

[illegible] STATISTICS

[illegible] OF BIRTH

County of [illegible]

City of Bovill

Registration District No. [redacted]

File No.

No. St.

Primary Registration District No. 2146

Registered No.

Hospital Bovill

FULL NAME OF CHILD George Edward Zagelow.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5-24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Zagelow	FULL MAIDEN NAME	Marie Groh
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Alsace
OCCUPATION	Janitor	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Bovill Idaho

Filed 5/30 1919 Mrs. F. C. Gibson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1963

[redacted] PLACE OF BIRTH

County of Twin Falls

City of Buhl

765-218-042-418

No. ____ St.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 68659

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD [redacted] Mavis Ruth Pond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	5 — 18 — 1919

FATHER		MOTHER	
FULL NAME	W C Pond	FULL MAIDEN NAME	Rose Day
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Nebr	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	39
		BIRTHPLACE	Mo.
		OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12-46 P. M. on the date above stated.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address Filer, Idaho

Filed 5-18 19 19 Dr. A. A. Newberry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 68659

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mavis Ruth Not named Pond (Name on Original Certificate) who born (Was Born or Died) on May 18, 1919 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on June 18th - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name Mavis Ruth Pond	Omitted	Mavis Ruth Pond

Subscribed and sworn to before me this 18th day of June, 1942

Stanley A. Webber

Notary Public, residing at Buhl Idaho

My commission expires Sept. 26, 1942.
(Seal)

Signed Rose Amelia Pond ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

612 - Broadway, Buhl, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June, 1942,

Stanley A. Webber

Notary Public, residing at Buhl, Idaho.

My commission expires Sept. 26, 1942.
(Seal)

Signed O R C Pond
(Signature of Any Credible Person Other Than Previous Year)

Father Mavis Ruth Pond

612 Broadway, Buhl, Idaho
(Street Address, City, State)

JUL 2 1942

NOV 21 1969

[redacted] 493-218
005-493

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68661

County of Benewah

City of Desmet

Registration District No. 31

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Virginia Mary (Jeb) ~~Gibeau~~ Milkapsi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		no	May (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Eusebe Gibeau	FULL MAIDEN NAME	Mary Milkapsi
RESIDENCE	Arlee, Montana	RESIDENCE	Desmet, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Coeur d'Alene Reserve
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Timothy

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Desmet, Idaho

Filed May 20, 1919 John Post, Deputy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-5 N28-005-513

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68662

County of Benewah

City of De Smet

Registration District No. 31

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Emery Joseph Bonamachi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		no	Jan'y 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Bonamachi	FULL MAIDEN NAME	Margaret Vallée
RESIDENCE	De Smet Ida	RESIDENCE	De Smet, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Coeur d'Alene Reserve	BIRTHPLACE	Coeur d'Alene Reserve
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Louis Peone

(Physician or midwife)

Given names added from a supplemental report.

Address De Smet, Idaho

..... 19.....

Filed May 20, 1919 John Post, Deputy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 168-224-035-249

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68665

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. .....

Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	\		\	Yes	5 (Month) 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester M. Johnson	FULL MAIDEN NAME	Sylvia Smith
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 5-24 1919

E. E. Watts
Registrar

Registrar

893-27-035-244

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

58006

Registration District No. 92 File No. .....

Primary Registration District No. 2170 Registered No. 3

FULL NAME OF CHILD Dollie Mae Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	\	\	yes	5 31 1919

FATHER		MOTHER	
FULL NAME	J. Frank Hill	FULL MAIDEN NAME	Flossie Simmons
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-31 1919 E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 57 PM '76

State of Washington } ss.
County of Asotin }

Certificate No. 68666

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hill (female) (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1919 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Census Record (Bible Record, Insurance Policy, Etc.) prepared on 12th December 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dollie Mae Hill

Subscribed and sworn to before me this 14th day of February, 1976

Notary Public, residing at Clarkston, Wash.

My commission expires 2-10-78

(Seal)

Signed Florence L Hill

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 L. 6th St, Clarkston, Wa 99403

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of February, 1976

Notary Public, residing at Moscow

My commission expires 3-3-78

(Seal)

Signed Sheldon L Hill

(Signature of Any Credible Person)

E 521 Carlisle Spokane, Wash. 99207

(Street Address, City, State)

FORM DH 60-155 CL 10/29/75

Marriage Certif from Idaho gives names as John W. Scott and Dollie Mae Hill dated June 21, 1941. viewed by V. S.

MAR 2 1978

School Census Marshall's Report gives name as Dollie Hill, father's name as Frank Hill for th year Sept. 1926 to Sept. 1927. age 2 years. viewed by V. S.

335-122-035-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68667

County of Nez Perce

City of Gifford — Registration District No. 92 — File No. 7

No. ..... St. — Primary Registration District No. 2170 — Registered No. 1

Hospital .....

FULL NAME OF CHILD ..... Max Stanley Cleveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes	5 22 1917

FATHER	MOTHER
FULL NAME: Chas T. Cleveland	FULL MAIDEN NAME: Alice J. Tuckey
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Miss	BIRTHPLACE: Ida
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 5-22 1917 — E E. Watts — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943

127-201-005-66 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68668

County of Benewah

City of Plummer

Registration District No. 46

File No.

No. St.

Primary Registration District No. 2123

Registered No. 66

Hospital

FULL NAME OF CHILD Susie Mary Aspon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June (Month) 1st (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton Aspon	FULL MAIDEN NAME	Susan Mary Wood
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Vienna Austria	BIRTHPLACE	London, England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (2) Two

Number of children of this mother now living, including present birth (2) Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9-0-P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Harrington, D.C.

Accoucheur

(Physician or midwife)

Given names added from a supplemental report.

19

Address Plummer, Idaho

Filed 6/3 1919

Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 8 1963

MAR 4 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

783-125-033-793

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS.

Form V. S. No. 12-C—Rim-6-8-17

CERTIFICATE OF BIRTH

68669

County of Madison

City of Lyman

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No.

Hospital

FULL NAME OF CHILD Edgar Gilbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 25th 191 9

FATHER		MOTHER	
FULL NAME	Wm. T. Gilbert	FULL MAIDEN NAME	Mary Pearl Gilbert
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Grouse Creek Utah	BIRTHPLACE	Lyman Idah o
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive ON May 25th 1919 on the date above stated. at 10 P. M.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician [redacted])*

Given names added from a supplemental report.

Address Rexburg Idaho

19

Registrar

Filed 5/29 19 19

Registrar

819-226-033-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68670

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 26th 191 9

FATHER		MOTHER	
FULL NAME	Albert Harris	FULL MAIDEN NAME	Edna V. Ha Winters
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Colo.
OCCUPATION	Clerk In Furniture Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 26th 1919. at 3-45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Farley Nelson

M. D.

(Physician ...)

Address Rexburg Idaho.

Filed 5/29 19 19 Wyoming

Registrar

284-211-033-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68670

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD IRENE SQUIRES 4:30 Am.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fe Male	1				May (Month) 11 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	N. L. Squires	FULL MAIDEN NAME	Nellie Wilson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Hyman Mt.	BIRTHPLACE	Logan
OCCUPATION	Farmer 3 child	OCCUPATION	Housewife 3 child

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 1/19 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 68671

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Irene Squires (Birth or Death)

for none (Name on Original Certificate) who born (Was Born or Died) on May 11th 19[illegible] (Date of Event)

in exburg, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record book (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Irene Squires

Subscribed and sworn to before me this 8th day of April, 1943

Eva M Ferguson

Notary Public, residing at Hawthorne, Calif

My commission expires 3/26/47
(Seal)

Signed Nellie Squires
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3251 134th Pl, Hawthorne, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1943

Eva M Ferguson

Notary Public, residing at Hawthorne, Calif

My commission expires 3/26/47
(Seal)

Signed Wm Henry Squires
(Signature of Any Credible Person Other Than Previous Year)

3251 134th Pl, Hawthorne, Calif
(Street Address, City, State)

APR 15 1943

3/4-117-033-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 68672

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17th 1919

FATHER	MOTHER
FULL NAME: George G. Campbell	FULL MAIDEN NAME: Effie Jensen
RESIDENCE: Rexburg Idaho	RESIDENCE: Rexburg Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Virgin City Utah	BIRTHPLACE: Smithfield Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5th

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 17th 1919 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Farley Nelson

M. D.

(Physician or midwife)

Address Rexburg Idaho

Filed ..... 19.....

..... Registrar

351-114-033-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68673

County of Madison

City of Rexburg

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 16th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Leatham	FULL MAIDEN NAME	Maud England
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Minneapolis Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 16th 1919 (Born alive or stillborn), at 5-40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley N Olson

M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Rexburg Idaho

..... 19.....

Filed 5/19 1919 J Rexburg

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1975
APR 2 8 1975

719-205-033-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 68674

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Arzetta Parkinson (11 30 P.M.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		Yes	Apr. (Month) 5 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. G. Parkinson	FULL MAIDEN NAME	Arzetta Donderson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Born Wellsville	BIRTHPLACE	Mt P. M.
OCCUPATION	Farmer 8th child	OCCUPATION	Housewife 8th child

Number of child of this mother, including present birth 8. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 5/19 1919

[signature] Registrar

MAR 2 1970

963-207-033-155

PLACE OF BIRTH

name added 8/14/79

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68675

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. 1[illegible]

File No. _____

Primary Registration District No. [illegible]

Registered No. _____

FULL NAME OF CHILD Ruby LeNore Rock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	April 7th 1919

FATHER		MOTHER	
FULL NAME	Harry Rock	FULL MAIDEN NAME	Ella Jensen
RESIDENCE	~~Utah~~ Hibbard Ward	RESIDENCE	Hibbard Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 1/16 1919

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 1 8 16 AM '79

State of Washington
County of Yakima } ss.

Certificate No. 68675
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rock (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 7, 1919 (Date of Event)

in Hibbard, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Ruby LeNore Rock

Subscribed and sworn to before me this 27th day of July 1979.

Notary Public, Joseph W. Murphy
Residing at Toppenish
My commission expires July 10, 1982
(Seal)

Ruby LeNore Rock Garner
Signature of Applicant
403 Buena Way
Toppenish, WA 98948
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July 1979.

Notary Public, Joseph W. Murphy
Residing at Toppenish
My commission expires July 10, 1982
(Seal)

Henry W Kearnes
Supporting Signature
Route 2, Box 92-D
Zillah, WA 98953
Street Address, City, State

CL 7/24/79

SEP 12

Certif of Baptism from the LDS Church gives name as Ruby Lenore Rock Garner daughte5 of Harry Rock and Ella Jensen. born April 7, 1919 at Hibbard, Idaho. Baptized April 29, 1927. viewed by V. S.

Insurance policy from Old West Life In. Co. gives name as Lenore Ruby Rock Garner policy No. 61965. policy Dated Oct 28, 1962. viewed by V. S.

259-212-033-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. .....

File No. 68676

Registered No. .....

FULL NAME OF CHILD IMOGENE BUTTE BERRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	May 12th (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Earl C. Berry	FULL MAIDEN NAME: Estella A. Butte
RESIDENCE: Hibbard Idaho	RESIDENCE: Hibbard Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Hibbard Idaho	BIRTHPLACE: Murray Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 12th. 1919. at 4-15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed June 15 19 17

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Madison } ss.

Certificate No. 68676

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Imogene Butte (Berry) who Born (Was Born or Died) on May 12. 1919 (Date of Event)
(Name on Original Certificate)
in Rexburg. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Imogene Butte Berry

Subscribed and sworn to before me this 31
day of Oct, 1942.
L. L. Stowell
Notary Public, residing at Rigburg
My commission expires Sept 5-1946
(Seal)

Signed Anna Butte
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 31
day of Oct, 1942.
L. L. Stowell
Notary Public, residing at Rexburg Ida
My commission expires 9/5/46.
(Seal)

Signed Estella Fowler
(Signature of Any Credible Person Other Than Previous Year)
Rexburg Idaho
(Street Address, City, State)

DEC 9 1942

MAY 15 1953

154-209-033-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 166

Primary Registration District No. 2178

File No. 68617

Registered No. .....

FULL NAME OF CHILD Ina Avilla Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 9th 1919

FATHER

FULL NAME: Wilfoed S. Anderson

RESIDENCE: Thornton Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Redmond Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Bearl Bowen

RESIDENCE: Thornton Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Beaver Ward Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. May 9th 1919, at 11-40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed JN 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Madison } ss. APR 22 9 36 AM '77

Certificate No. 68677
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Anderson (female) (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1919 (Date of Event)
in Thornton, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by a family record (Bible Record, Insurance Policy, Etc.) prepared on or soon after May 9, 1919 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ina Avilla Anderson

Subscribed and sworn to before me this 20th day of April, 1977

Phyllis Ann Edwards
Notary Public, residing at Rexburg, Idaho
My commission expires 5-5-78
(Seal)

Signed Darlene A. Thomason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Rexburg, Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 1977

Phyllis Ann Edwards
Notary Public, residing at Rexburg, Idaho
My commission expires 5-5-78
(Seal)

Signed
(Signature of Any Credible Person)

Route 1, Rexburg, Idaho 83440
(Street Address, City, State)

FORM DH 60-155

CL 4/13/77 RUSH

Ina Avilla Andersonborn May 9, 1919 at Independence,Idaho. Blessed July 6, 1919 by V and Baptized June 4, 1927 viewed by V. S.

APR 25 1977

School record gives nameas Ina Avilla Anderson dated Mar . 1936-1837 from the Madison High school, Idaho. viewed by V. S/

Amended 6-19-59

PLACE OF BIRTH

154-129-022-295

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Thornton

No. ..... St.

Registration District No. 100 File No. 68678

Hospital ..... Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Leland Olin Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
		Yes	April 29, [redacted] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Olin Anderson	FULL MAIDEN NAME: Sadie Kington
RESIDENCE: Thornton	RESIDENCE: Thornton
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Hyrum, Utah	BIRTHPLACE: Wellsville, Utah
OCCUPATION: Miller	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G.G. Parkinson

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 5/19/1919 [redacted] J.R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Certificate of Baptism & Confirmation, Dec. 6, 1953 gives name as Leland Olin Anderson - viewed by V.S. and Own Child's Birth Certificate on file, 50-07655 gives Father's Name as Leland Olin Anderson, July 17, 1950 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 68678

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lealand Olen Anderson (Name on Original Certificate) who born (Was Born or Died) on April 29, 1919 (Date of Event)
in Thornton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on July 6, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lealand Olen Anderson	Leland Olin Anderson

Subscribed and sworn to before me this 13th day of June 1959

Notary Public, residing at Pocatello
My commission expires 1 April 1960
(Seal)

Signed Mrs. Cerilda Metzener
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1430 N. Harrison
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June 1959

Notary Public, residing at Pocatello
My commission expires 1 April 1960
(Seal)

Signed Mrs. Cerilda Metzener (Sister)
(Signature of Any Credible Person)

1430 N. Harrison
(Street Address, City, State)

FORM DPH 55.155 CL 6-11-59. nm

764-108-022-193

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 68679

Primary Registration District No. 2178

Registered No. .....

FULL NAME OF CHILD Sylvan Godfrey (6 Am.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		yes	5 (Month) 8 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. W. Godfrey	FULL MAIDEN NAME	Julia Ann Archibald
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Clarkston	BIRTHPLACE	Clarkston
OCCUPATION	Farmer 7 child	OCCUPATION	Farmer 7 child

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 5/19 1919

Registrar

JUN 24 1943

251-201-022-414

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Fremont

City of New dale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68680

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. _____

FULL NAME OF CHILD Edith May Bean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 1st 1919

FATHER		MOTHER	
FULL NAME	George H. Bean	FULL MAIDEN NAME	May Madsen
RESIDENCE	New dale	RESIDENCE	New dale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Sugar City Idaho

Filed 5/16 1919 J Reynolds Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1945

814-218-022-452

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68680

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Bulah Hammer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	Twin	yes	Feb. 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. L. Hammer	FULL MAIDEN NAME	Esther Messoy
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 4/28 1919 J. R. Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 1952

814-118-022-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 10

Primary Registration District No. 217 8

File No. 68682

Registered No. .....

FULL NAME OF CHILD ..... Bertrand L. Hammer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	twin	yes	Feb 18 1917

FATHER		MOTHER	
FULL NAME	S. L. Hammer	FULL MAIDEN NAME	Esther Messerry
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2.30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/25 1919 J. R. Young

Registrar

K

DEC 1 1952

318-113-022-814

PLACE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

68683

Registration District No. 11

File No. .....

Primary Registration District No. 11

Registered No. .....

FULL NAME OF CHILD CLINTON LAVEL TAYSOM 9.20 Am.

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1			5 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. C. Taysom	FULL MAIDEN NAME	Genera Hammer
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	AGE AT LAST BIRTHDAY 36 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wellsville	BIRTHPLACE	Hooper
OCCUPATION	Tormer 8 ch.	OCCUPATION	Housewife 8 child

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1/19 19..

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 68683 or ~~95376~~

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clinton Lavel Taysom (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 13, 1919 (DATE OF EVENT)
in Riverdale, Weber County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Clinton Lavel Taysom

Subscribed and sworn to before me this 4th
day of February, 1943.
L. E. Jorgenson
Notary Public, residing at Ogden, Utah
My commission expires July 16, 1945
(SEAL)

Signed Mrs. Elma Taysom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of February, 1943.
L. E. Jorgenson
Notary Public, residing at Ogden,
My commission expires July 16, 1945
(SEAL)

Signed C. C. Locke Sr.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1730 Kiesel Ogden Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 2[illegible]

FEB 8 1942
FEB 9 1943

713-204-033-243

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68685

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 4th 19 9

FATHER	MOTHER
FULL NAME: Francis Galbraith	FULL MAIDEN NAME: Nettie Ruanna Sutton
RESIDENCE: Lyman Idaho	RESIDENCE: Lyman Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Lyamn Idaho	BIRTHPLACE: Geneva Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 4th, 1919, at 1-50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

M. D.

(Physician or midwife)

Address Rexburg Idaho

Filed ..... 19..

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Sugar

No. 629-219-033-312 St.

Hospital

Registration District No. 1

Primary Registration District No. 1

File No. 68686

Registered No.

FULL NAME OF CHILD Fuki Okimoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 19 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Santouchi Okimoto	FULL MAIDEN NAME	Chiyono Takahashi
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Evans

Physician (Physician or midwife)

Address Sugar City, Idaho

Given names added from a supplemental report.

19

Filed 19

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 24 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Sugar

No. ..... St. Registration District No. 100 State File No. .....

Hospital ..... Primary Registration District No. 178 Local Registrar's No. 73

FULL NAME OF CHILD Sueko Okimoto
(Certificate of no value without full name of child)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 2/19/1919 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Santuchi Okimoto	FULL MAIDEN NAME	Chiyono Takahashi
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Dr. Evans.
(Physician or midwife)

Address Mrs. Y. Yoshida

Filed 4/21 1930 J. D. Young Registrar.

PLACE OF BIRTH

County of

862-105-033-862

PLACE OF BIRTH

Form V. S. No. H-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68687

County of Fremont

City of Sugar

Registration District No. 106

File No.

No. St.

Primary Registration District No. 2675

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 5 1919

FATHER		MOTHER	
FULL NAME	T. Gokayama	FULL MAIDEN NAME	K. Gokayama
RESIDENCE	Sugar City	RESIDENCE	Sugar City, Idaho
COLOR	Yellow	AGE AT LAST BIRTHDAY (Years)	44
COLOR	Yellow	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Certified copy 3/26/41

I hereby certify that I attended the birth of this child, who was born alive at 3.30 A. M. on the date above stated. 2 Photostat copies 1/5/42 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans

Physician

(Physician or midwife)

Address Sugar City, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed .....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st copy issued 3/26/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

JAN 2 1942

Certificate No. 68687

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Unnamed Yokoyama (Name on original certificate) who was (Was born or died) on March 5th, 1919 (Date of event)

in Sugar City, Madison County, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Yokayama	Jack Sushimu Yokayama
	Unnamed Yokoyama	Jach Sushimu Yokoyama

Subscribed and sworn to before me this 4th day of December, 19 41.

John H Morris

Notary Public, residing at Payette, Idaho.

My commission expires 12-13-1941.

[SEAL]

Signed Yokotaro Yokoyama
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ontario, Oregon, RFD # 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 19 41.

John H Morris

Notary Public, residing at Payette, Idaho.

My commission expires 12-13-1945

[SEAL]

Signed Frank R. Irwin
(Signature of any credible person other than the previous affiant.)

Route #1, Ontario, Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

815-108-033-619

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2078

File No. 68688

Registered No. .....

FULL NAME OF CHILD Foster Alonzo Haney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 8 1919

FATHER		MOTHER	
FULL NAME	Alonzo Haney	FULL MAIDEN NAME	Edna Farrington
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 5 16 1919 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-107-033-21

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68689

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 7th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Camphouse	FULL MAIDEN NAME	Mary Baggesen
RESIDENCE	Holland	RESIDENCE	Sugar City, Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sugar City Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sugar City Idaho

Filed 5/16 1919

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-209-033-544

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68690

Registration District No. 116 File No. .....

Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Ruth Hogge

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1st	Yes	May 7th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. J. Hogge	FULL MAIDEN NAME	Laura Eddington
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sugar City Idaho

Filed 5/16 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/11/41 L. B.

867-209-033-544

PLACE OF BIRTH

amended 11/19/79

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68691

County of Madison

City of Salem

Registration District No. 11

File No.

No. St.

Primary Registration District No. 11

Registered No.

Hospital

FULL NAME OF CHILD Rhea Hogge

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	May 9th 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hogge	FULL MAIDEN NAME	Lana Eddington
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Evans

Physician

(Physician or midwife)

Address Lyman, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 5/16 1919

Wyoming
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 8 34 AM '79

State of MONTANA
County of TETON } ss.

Certificate No. 68691
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hogge(female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 9, 1919 (Date of Event)

in Salem, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child s name	Unnamed	Rhea Hogge

Subscribed and sworn to before me this 7TH day of NOVEMBER, 1979.

Notary Public, Carl B. Fried

Residing at CHOTEAU, MT.

My commission expires 11-1-80

(Seal)

X Rhea (Hogge) Stott
Signature of Applicant

X CHOTEAU, MONTANA 59422
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 10/30/79 (RUSH) 10 pd rec # 661

NOV 19 1979

Blessing record from the LDS Church gives Name as X Rhea Hogg born to George J. Hogg and Laura Eddington. born on May 9, 1919 at Salem, Idaho. Blessed July 6, 1919 viewed by V. S.

sons's birth certif rom Lutheraon Hospitals and Home Society, Home Office, Fargo ~~Wyoming~~North Dakota. gives chids name as Jame Paul X Stott born March 3, 1958. father's name as Vear Sott and mother's name as Rhea Hogge. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-214-033-413

PLACE OF BIRTH name added 5/21/80

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68692

County of Madison

City of Sugar

Registration District No. 196

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Dorothy Hodge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				May 14th 1919

FATHER		MOTHER	
FULL NAME	Abe Hodge	FULL MAIDEN NAME	Cora Dalling
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Factory Workman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Evans

Physician (Physician or midwife)

Address Sugar City Idaho

Given names added from a supplemental report.

19

Registrar

Filed 5/16 1919 W. Young

Registrar

4-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss.

Certificate No. 68692
Date Filed April 28, 1980

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Hodge (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 14, 1919 (Date of Event)

in Sugar City, (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Dorothy Hodge

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Dorothy Parkinson
Signature of Applicant

280 E 2 So
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April 1980.

Notary Public, Dorothy Parkinson
Residing at Rexburg, Idaho
My commission expires 2/10/84
(Seal)

Gordon A. Dejon
Supporting Signature

263 E 2nd S Rexburg, Idg
Street Address, City, State

Certif of blessing from the LDS Church gives name as Dorothy Hodge daughter of Abe R. Hodge and Cora Dalling born May 14, 1919 at Sugar City, Idaho. Blessed July 6. 1919. viewed by V. S.

MAY 21 1980

Diploma from Idaho Public school,s Madison Coutny gives name as Dorothy Hodge born May 24, 1934. viewed byV. S.

713-230-022-799

PLACE OF BIRTH

STATE OF I[redacted]
BUREAU OF VITAL[redacted]
CERTIFICATE O[redacted]693

County of Fremont

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD: Caroline Ida Patee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 30 1919

FATHER		MOTHER	
FULL NAME	Wm E. Patee	FULL MAIDEN NAME	Emily Griffin
RESIDENCE	~~Fremont~~ Sugar City County	RESIDENCE	~~Fremont~~ Sugar City County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sugar City, Idaho

Filed ..... 19..

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1943

964-104-033-577

Form V[redacted] 11-C-[redacted]-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar Ward

No. _____ St.

Registration District No. _____ File No. 68694

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Milton Arville Romrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 4th 1919

FATHER		MOTHER	
FULL NAME	Lorenzo Romrell	FULL MAIDEN NAME	Emma Eggerts
RESIDENCE	Sugar City Ward	RESIDENCE	Sugar Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Sugar City, Idaho

_____ 19__

Filed 5/16 1919 J. W. Young

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1953

719 - 206 - 033 - 913 child's name added 4-22-88 lh

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68695

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Beulah Gardner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 6th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Gardner	Myrtle Rackham
RESIDENCE	Sugar Ward	Sugar City Ward
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) A B Evans

Physician
(Physician or midwife)

Address Sugar City

Filed ____ 19____

____ Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

11-5-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

NOV 17 1987 pm
VITAL STATISTICS UNIT

Certificate No. 68695
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 6, 1919 (Date of Event)

in Madison Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Beulah Gardner

Subscribed and sworn to before me this 10th day of November, 1987

Notary Public, Sharon Spoggard

Residing at Ephrata

My commission expires August 1, 1991

(Seal)

Arlin D Hopf
Signature of Applicant

750 Hwy 281 Quincy Wa 98848
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 2 2 1988

Certificate of Blessing from LDS Church gives name as Beulah Gardner daughter of James Gardner and Myrtle Rackham, born May 6, 1919 in Madison Co., ID. Blessed June 1, 1919 by J. W. Gardner

Family birth record of Arlin D.Hope born Oct. 26, 1960 at Quincy Valley Hosp. in Quincy, WA gives name of mother as Beulah Gardner.
Viewed by V.S.

753-228-033-269

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68696

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Edna Sylvia Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Sylvester Petersen	FULL MAIDEN NAME	Clara Cecelia Sorensen
RESIDENCE	Deceased	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New Jersey
OCCUPATION	Soldier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:05 A. M. on the date above stated.

(Signature) F. B. Evans

Physician (Physician or midwife)

Address Sugar City Idaho

Filed _____ 19 _____

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an additional payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr. 9 mon

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Edna Sylvia Petersen

5. Date of Birth of Child (Month, day, year) February 28 1919

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Sylvester Petersen
11. Color or Race White
12. Age at time of THIS birth Deceased
13. Birthplace Salem (City or town) Idaho (State or foreign country)
14. Exact Occupation Was farming
15. Industry or Business Died in Armed Service Oct. 27-1918

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Cecelia Sorensen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Guttenburg (City or town) New Jersey (State or foreign country)
20. Exact Occupation Clerking
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) ~~Born alive and now living~~ One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Forty-seven years of age, that I have known this person for Twenty-five years, and that ____ (First name) Dr. Evans (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara C Petersen Signature

765 Emerson Ave. Salt Lake City P.O. Address

Subscribed and sworn to before me this 1st day of May, 19 44

(SEAL) ____ Notary Public, residing at Salt Lake City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-121-033-319

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8697

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 219

File No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 21 1919

FATHER		MOTHER	
FULL NAME	Alfred Garner	FULL MAIDEN NAME	Ada Carr
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ~~[illegible]~~ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Sugar City Idaho

_____ 19__

Filed _____ 19__

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10-21-59
PLACE OF BIRTH
689-124-033-915

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Registration District No. 100 File No. 68698

Hospital ..... Primary Registration District No. 2178 Registered No. .....

FULL NAME OF CHILD Ransom Drew Whitney
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 24, [redacted]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Albert O. Whitney	FULL MAIDEN NAME: Leah Ransom
RESIDENCE: Sugar City	RESIDENCE: Sugar City
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) F. B. Evans

Physician
(Physician or midwife)

Address Sugar City, Idaho

Filed 5/16/1919[redacted] J.R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68698

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Whitney (Name on Original Certificate) who Born (Was Born or Died) on Feb. 24, 1919 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ransom Drew Whitney
Full Name of Father	Bert L. Whitney	Albert O. Whitney

Subscribed and sworn to before me this 13th day of October, 1959
Mae E. Bramwell
Notary Public, residing at Ogden Utah
My commission expires 3/25/62
(Seal)

Signed Ezra Drew Whitney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1959
Mae E. Bramwell
Notary Public, residing at Ogden Utah
My commission expires 3/25/62
(Seal)

Signed Kathryn N. Putnam
(Signature of Any Credible Person)

2134 Van Buren Ogden, Utah
(Street Address, City, State)

FORM DPH 55.155

CL 10-8-59. one copy pd. receipt #16475.

L.D.S. Certificate of Baptism & Confirmation, April 9, 1927 gives full name of child as Drew Whitney son of Albert O. Whitney and Leah Ransom - viewed by V.S.

Certificate of Honorable Discharge from the U.S. Coast Guard, June 27, 1946 gives full name as Ransom Drew Whitney - viewed by V.S.

Social Security Card, #528-16-6315 gives full name as Ransom Drew Whitney- viewed by V.S.

Social Security Card, #529-05-2051 gives full name as Albert Owen Whitney- viewed by V.S. 3/19/37.

632-118-033-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital Shupe

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. .....

File No. 68699

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... John Alexander Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 18th 19

FATHER

FULL NAME Arthur Olsen

RESIDENCE Egin Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Denver Colo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dorothea June Pearson

RESIDENCE Egin Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Chocago Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth .... 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 18th 1919 5-15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson M.D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

318-103-033-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sunnydell.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mm-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 68700

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Raymond Franklin Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 3rd. 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Taylor	FULL MAIDEN NAME	Florence Hazel Mattson
RESIDENCE	Sunnydell Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Blackfoot Idaho	BIRTHPLACE	Popular Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 3rd, 1919, at 9-35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 5/5 1919

Registrar

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68700

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Taylor (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1919 (Date of Event) in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on January 22, 1923 (Give Date) Viewed by V. S., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Raymond Franklin Taylor
	Child is Handicapped & any records other than the Cert. of blessing are not to be found.	

Subscribed and sworn to before me this 28 day of February, 19 57

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Steve Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1106 Dundee St Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of February, 19 57

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Henry Taylor
(Signature of Any Credible Person)
474 11st Idaho Falls Ida
(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Ilo

795-222-031-254

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

CERTIFICATE OF BIRTH

68702

Registration District No. 60

File No. .....

Primary Registration District No. 2129

Registered No. 10

FULL NAME OF CHILD ~~Audrene~~ AUDRENE Elaine Gregory

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 22 1919 (Month) (Day) (Year)
female			

FATHER		MOTHER	
FULL NAME	Joseph Jost Gregory	FULL MAIDEN NAME	Jessie Kempfer
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Welch, Okla.	BIRTHPLACE	Hillsboro, Ind
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho

Registrar

Filed 6/4 1919 R. E. Dunlop M.D.

Registrar

K

NOV 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68701

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Audrine Elaine Gregory (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1919 (Date of Event)
in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by United States War Bond (Bible Record, Insurance Policy, Etc.) prepared on May 8, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Audrine	Audrene Elaine Gregory

Subscribed and sworn to before me this 20th day of May 1943

Notary Public, residing at Spokane, Wash.

My commission expires May 7-1947
(Seal)

Signed Audrene Elaine Gregory
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1025 Paulsen Bldg
(Street Address, City, State)
Spokane Wash

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May 1943

Notary Public, residing at Spokane

My commission expires May 7-1947
(Seal)

Notary Public in and for the State of Washington, residing at Spokane.

Signed P. M. Unger
(Signature of Any Credible Person Other Than Previous Year)

1025 Paulsen Bldg
(Street Address, City, State)
Spokane Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153-127-003-719

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68702

County of Bannock

City of Pocatello

Registration District No. 84

File No. 49

No. ..... St.

Primary Registration District No. 2161

Registered No. 2332

Hospital St Anthony

FULL NAME OF CHILD George Anthony

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Apr 27 1919

FATHER	MOTHER
FULL NAME Ponas N. Anthony	FULL MAIDEN NAME Bessie Garrett
RESIDENCE 136 So 3rd.	RESIDENCE 136 So 3rd
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Greece	BIRTHPLACE Milford, Ut
OCCUPATION Machinest	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 4/30 1919

[signature]

Registrar

Registrar

7-8-41

766-22-8
403-845

amend 9-16-81

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon — Registration District No. 84 — File No. 68703

No. ____ St. — Primary Registration District No. 2161 — Registered No. 2333

Hospital ____

FULL NAME OF CHILD Ethel Pearl Goodnough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	apr 28 (Month) (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	William Goodnough	FULL MAIDEN NAME	Anna May Hunter
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Douglas Co Nevada	BIRTHPLACE	Soda Springs Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 A M on the date above stated.

(Signature) Mrs W W Lewis

(Physician or midwife)

Address McCammon Idaho

Filed 4/30 1914 — O B Steed Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-14-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

JUL 20 1981

Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 68703
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Goodenough (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-28-19 (Date of Event)

in McCammon(Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ethel Pearl Goodenough

Subscribed and sworn to before me this 26th day of April, 1981.
Notary Public, James A. Schatz
Residing at Pocatello Idaho
My commission expires Life
(Seal)

Ethel P. Goodenough
Ethel G. Hartung
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1981
Notary Public, James A. Schatz
Residing at Pocatello Idaho
My commission expires Life
(Seal)

Cecile M Taylor (Sister)
Supporting Signature

PO Box 1061 Blackfoot Idaho 83221
Street Address, City, State

1 cc pd

SEP 6

LDS church membership record gives Ethel Pearl Goodnough baptisted on 11-5-60 born 4-28-19 at McCammon to Wm Goodnough and Anna May Hunter. Viewed by V.S.

Family Group Record gives Ethel Pearl Goodnough born to William Goodnough and Anna Hunter on 4-28-19 in McCammon and married to Lamar Hall on 6-13-36 and married 2nd time to Raymond Paul Hartung on 9-27-53. Viewed by V.S.

289-120-003-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Arano

No. —— St.

Hospital ——

Form V. S. No. 11-O—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68704

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2334

FULL NAME OF CHILD Robert Shipley

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paradise Utah	FULL MAIDEN NAME	Ellen Tams
RESIDENCE	W. C. Shipley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Teacher & Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartogsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cameron, Idaho

19

Filed 3-25 1919

Registrar

Registrar

689-220-003-269

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68705

County of Bannock

City of Mc Cammon

Registration District No. 84

File No. 49

No. ..... St.

Primary Registration District No. 2161

Registered No. 2335

Hospital .....

FULL NAME OF CHILD Dorothy Jean Whitney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Female		Yes	3 20 1919

FATHER		MOTHER	
FULL NAME	J. F. Whitney	FULL MAIDEN NAME	Katherine Boron
RESIDENCE	Mc Cammon Ida	RESIDENCE	Mc Cammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Franklymill, New York	BIRTHPLACE	Moreno, Idaho
OCCUPATION	Editor & Publisher	OCCUPATION	Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hartwigsen M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mc Cammon Idaho

Filed Apr 20 1919

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1975

MAY 22 19[illegible]

819-200-003-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Mc Cammon

~~No.~~ R. F. D. ~~St.~~

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68706

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2336

FULL NAME OF CHILD Theo Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Oliver W Harris	FULL MAIDEN NAME	Pearl Davis
RESIDENCE	Mc Cammon Ida	RESIDENCE	Mc Cammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Woodruff Idaho	BIRTHPLACE	West Portage Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 800 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Mc Cammon Idaho

19

Registrar

Filed 4-20 1919 O. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-206-003-194

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68707

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2337

FULL NAME OF CHILD Afton Armstrong Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 6 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harvey Smith	FULL MAIDEN NAME	Annie Armstrong
RESIDENCE	Robin, Idaho	RESIDENCE	Robin, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Robin Ida.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mc Cammon Ida.

Filed 4-20 1919 [illegible]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

235-106-003-483

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68709

County of Bannock

City of Pocatello

No. 111 Greeley St.

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2339

Hospital

FULL NAME OF CHILD Arthur Wesley Steven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Apr (Month) 6 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: William Albert Steven	FULL MAIDEN NAME: Bernice Miles
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Chicago, Ills	BIRTHPLACE: Riverfalls, Wis
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-10-1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/12/40 L.B. 1 copy

45-7-120-003-317

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68710

County of Bannock

City of Pocatello

No. 624 No. 4th St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 49

Registered No. 2340

FULL NAME OF CHILD Louis DePhilippis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Apr. 24 191.9

FATHER		MOTHER	
FULL NAME	Mike DePhillippis	FULL MAIDEN NAME	Cora Capra
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Cumberland, Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 5-27-19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-224-003-469

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68711
48

County of Bannock

City of Pocatello

No. Wilson St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No.

Registered No. 2341

FULL NAME OF CHILD Viola Crane

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	April 24 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Crane	Mildred Morris
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY	27 (Years)	27 (Years)
BIRTHPLACE	Provo, Utah	Spokane, Wash
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 1.20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello Idaho

Filed 5-27 19 19 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 0 1974

396-219-003-749

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68712

County of Bannock

City of Pocatello

Registration District No. 84

File No. 49

No. ..... St.

Primary Registration District No. 2161

Registered No. 2342

Hospital .....

FULL NAME OF CHILD Ruth Elizabeth Crotts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl					Feb 19 1919

FATHER		MOTHER	
FULL NAME	James Francis Crotts	FULL MAIDEN NAME	Elizabeth Ann Gunge
RESIDENCE	923 N Garfield	RESIDENCE	423 N. Gar.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas (Town not known)	BIRTHPLACE	Oregon
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed 2-23-19

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

437-112-003-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68713

County of Bannock

City of Pocatello

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Pocatello General Hospital

FULL NAME OF CHILD Richard Hamilton McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Apr 12 1919

FATHER		MOTHER	
FULL NAME	Colin Campbell McPherson	FULL MAIDEN NAME	Alice Mary Ericksen
RESIDENCE	946 W. Wyeth	RESIDENCE	946 W. Wyeth.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montreal, Canada	BIRTHPLACE	Provo. Ut.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 5-15 1919

[signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-224-003-517

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS*

CERTIFICATE OF BIRTH

68714

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84

File No. 49

Primary Registration District No. 2161

Registered No. 2344

FULL NAME OF CHILD Agnes Larose Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Apr 24 1919

FATHER		MOTHER	
FULL NAME	Leroy [illegible]lin Taylor	FULL MAIDEN NAME	Margaret Andrew Napier
RESIDENCE	245 N [illegible]thur	RESIDENCE	245 N. Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Weaser, Ida	BIRTHPLACE	Scotland
OCCUPATION	O.S.L. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9250 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 5-30 1919

[illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-220-003-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 120 N. Lincoln St.

Hospital at Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68715

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2345

FULL NAME OF CHILD Lois Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Hulbert Jensen	FULL MAIDEN NAME	Alice Eliza King
RESIDENCE	120 N. Lincoln	RESIDENCE	120 N. Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Merchant	OCCUPATION	Home

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Dailey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed 5-30 1919 O P B Lee

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 4 1973

367-202-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68716

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 84

File No. 49

Primary Registration District No. 2161

Registered No. 2346

Hospital .....

FULL NAME OF CHILD Mary Smith Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Apr 2 1919

FATHER		MOTHER	
FULL NAME	Geo Thomas Cox	FULL MAIDEN NAME	Amy Smith
RESIDENCE	1414 N. Garfield	RESIDENCE	1414 N Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Glyth. England.
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stave (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 5-15 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-108-003-191

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68717

County of Bannock

City of Pocatello

No. ..... St.

Hospital Thomas Hospital

Registration District No. 84

File No. 49

Primary Registration District No. 2161

Registered No. 2347

FULL NAME OF CHILD Pete Harriet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Apr 8 1919

FATHER		MOTHER	
FULL NAME	Pete Harriet	FULL MAIDEN NAME	Mary Arambel
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Sheepmon.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 4/14 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-123-003-619

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68718

County of Bonnock

City of Pocatello

Registration District No. 84

File No. 49

No. ..... St.

Primary Registration District No. 2161

Registered No. 2348

Hospital St. Anthony's

FULL NAME OF CHILD Wellmer Bronson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Apr 23 1919

FATHER

FULL NAME Seamon Douglas Bronson

RESIDENCE Sterling, Ida

COLOR White

AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Huntsville, Ut.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Melissa Ann Farnes

RESIDENCE Sterling Ida

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Logan, Ut

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed 4/27 1919

[signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF UTAH

813-122-003-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68719

County of Bonnock

City of Pocatelle

Registration District No. 84 File No. 49

No. ..... St.

Primary Registration District No. 2161 Registered No. 2349

Hospital .....

FULL NAME OF CHILD David Sheridan Hatcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Apr 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jimmie Hatcher	FULL MAIDEN NAME	Gladys Catchpole
RESIDENCE	405 N. Lincoln	RESIDENCE	405 N Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pagosa Springs, Colo.	BIRTHPLACE	Sterling, Neb.
OCCUPATION	Sheep dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 4/27 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1973

469-107-003-259

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68720

County of Bannock

City of Pocatello

Registration District No. 84 File No. 49

No. ..... St.

Primary Registration District No. 2161 Registered No. 2350

Hospital St Anthony

FULL NAME OF CHILD Elie Henry Albert Doris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Eli Doris	FULL MAIDEN NAME	Lea Servel
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Sheep man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed 5/10 1919 O B Steele
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-120-003-815

PLACE OF BIRTH

County of Bannock

City of North Pocatello

No. 1790 Taft Ave.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH 68721

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2351

FULL NAME OF CHILD Johnnie Heber Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 20 1917

FATHER		MOTHER	
FULL NAME	Hyrum Alma Curtis	FULL MAIDEN NAME	Chloe Armanda Hancock
RESIDENCE	1790 Taft Ave.	RESIDENCE	1790 Taft Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mason, Utah	BIRTHPLACE	Downey, Idaho
OCCUPATION	Car Inspector	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carrie M. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 905 So. Main St.

Registrar

Filed 5/28 1919

Registrar

DUP OF 1919- 232811

266-103-003-819

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 635 So. Grant St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68722

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2352

FULL NAME OF CHILD Ralph Hobson Bowman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	April (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jackson David Bowman	FULL MAIDEN NAME	Robbie Harper
RESIDENCE	635 So. Grant	RESIDENCE	635 So. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Landon Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 905 So. Main St.

Registrar

Filed 4/10 1919

T B Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717-118-003-231

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68723

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2354

FULL NAME OF CHILD Constantine Pappos

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Apr 18 1919

FATHER		MOTHER	
FULL NAME	Anest Pappos	FULL MAIDEN NAME	Helen Stavros
RESIDENCE	Pocatello, farm at Burley	RESIDENCE	Pocatello, farm at Burley
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Greece	BIRTHPLACE	Roumania
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed 5-21 1919 P. B. Greene Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1942

FEB 21 1942

295-205-003-719

PLACE OF BIRTH Amended April 10,1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 525 E. Whitman St. Registration District No. 84 File No. 68724

Hospital Primary Registration District No. 2161 Registered No. 2355

FULL NAME OF CHILD Ella Mae Bingham
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 5, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James S. Bingham	FULL MAIDEN NAME	Iona Garner
RESIDENCE	525 E. Whitman	RESIDENCE	525 E. Whitman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Truck Driver O.S.L.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 5-15-1919 192.. O. B. Steele
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Blessing, May 1, 1919 gives the names as Ella Mae Bingham and the father's as James S. Bingham - viewed by V.S. and Pocatello Public School Report Card, May 29, 1930 gives the Child's Name as Ella Mae Bingham - viewed by V.S. Social Security Card #712-07-7619 gives name as James S. Bingham viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 12 1958
Bureau of V.

State of Washington
County of Snohomish } ss.

Certificate No. 68724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ella May Bingham (Name on Original Certificate) who born (Was Born or Died) on April 5, 1919 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ella May Bingham	Ella Mae Bingham
Full Name of Father	Joseph S. Bingham	James S. Bingham

Subscribed and sworn to before me this 31st day of October, 1958

Barbara Hyde
Notary Public, residing at Everett
My commission expires October 17, 1959
(Seal)

Signed x James S. Bingham
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

5916 - 207th S.W. Lynnwood Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Snohomish } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October, 1958

Everett
Notary Public, residing at
My commission expires October 17, 1959
(Seal)

Signed x Dona Bingham
(Signature of Any Credible Person)

5916 - 207th S.W. Lynnwood Wn
(Street Address, City, State)

FORM DPH 55.155 CL 10-7-58. one copy pd.

249-218-003-226

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68725

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2356

FULL NAME OF CHILD Mildred Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Apr 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Smith	FULL MAIDEN NAME	Verna Thomson
RESIDENCE	1785 Taft	RESIDENCE	1785 Taft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	New Mexico
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

..... 19.....

Filed 4/25 1919 P. B. Seely Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-229-003-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF [illegible] STATE OF IDAHO
[illegible]U OF VITAL STATISTICS
[illegible]RTIFICATE OF BIRTH

68726

County of Ba[illegible]

City of Pocatello Registration District No. 84 File No. 49

No. [illegible] St. Primary Registration District No. 2161 Registered No. 2357

Hospital St. Anthony

FULL NAME OF CHILD Ruth Maxine Cobb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Apr 29 1919

FATHER		MOTHER	
FULL NAME	Nathan Cobb	FULL MAIDEN NAME	Myrtle Steffenson
RESIDENCE	Lima, Mont	RESIDENCE	Lima, Mont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mont,	BIRTHPLACE	Idaho
OCCUPATION	Conductor O S L	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed May 1 1919

Registrar

P. B. Steele
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942

MAY 15 2006

7 1951

791 - 106-003-916

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68728

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 27

FULL NAME OF CHILD Orville Boyd Grace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	4	Yes	5 — 6 — 1917

FATHER		MOTHER	
FULL NAME	Fitzhugh Ambon Grace	FULL MAIDEN NAME	Essie Dora Rawlins
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 9½ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) N. P. Wallentine

..... (Physician or midwife)

Address Bancroft

Filed 5 — 6 — 1917 N. P. Wallentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

694-202-293-349

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68729

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 84

File No. .....

Primary Registration District No. 2161

Registered No. 28

Hospital .....

FULL NAME OF CHILD Elsie Vera Ormond

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	5-7-1919

FATHER		MOTHER	
FULL NAME	Francis Comish Ormond	FULL MAIDEN NAME	Delia Curtis
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. R. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-8-1919 B. R. Wallentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Union } ss.

Certificate No. 68729

AUG 20 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Vera Ormond (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)
in Bancroft, Bannock Co., Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on June-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elizabeth Esther Ormond	Elsie Vera Ormond

Subscribed and sworn to before me this 6th
day of August, 1945

Notary Public, residing at La Grande, Oregon

My commission expires May 20, 1949
(Seal)

Signed Delia C Ormond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

453 Jefferson Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 2

133-212-003-799

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68730

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 29

Hospital .....

FULL NAME OF CHILD Bessie Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	←	←	Yes	5-12-19

FATHER		MOTHER	
FULL NAME	Leo Allen	FULL MAIDEN NAME	Martha Elma Price
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-12-19 M. P. Wallentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-220-003-819

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2161

File No. 68731

Registered No. 30

FULL NAME OF CHILD May Rigby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	5 - 20 - 1919

FATHER		MOTHER	
FULL NAME	Charles Rigby	FULL MAIDEN NAME	May Harris
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 5-20 1919 N. R. Wallentine
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Fund

No. 653-131-003-493 St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

Registered No. 33

FULL NAME OF CHILD Dale Welch

Sex of Child Male

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 (Month) — 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Welch	FULL MAIDEN NAME	Florence Mills
RESIDENCE	Fund	RESIDENCE	Fund
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R W Allentine

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bancroft

Registrar

Filed 6-1 1919 N R W Allentine

Registrar

JUL 14 1942

41 152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County BANNOCK (b) City LUND
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital of Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery: In Hospital or Maternity Home Ft. Home Days
   In **THIS** county 24 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County BANNOCK
   (c) City LUND
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 38 yrs. 4th yrs.
   (f) Mother's mailing address (For registration notice): Not Living. Died 1934
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Lund, Idaho.

4. **FULL NAME OF CHILD** Dale Welch

5. **DATE OF BIRTH** (Month, day, year) 5/31/1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Welch Not Living Died 1942

11. Color or Race White 12. Age at time of THIS birth 46 yrs.

13. Birthplace Westweber Utah
(City or Town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Mills

17. Color or Race White 18. Age at time of THIS birth 43 yrs.

19. Birthplace England
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) at time of birth and including this child 12 (b) Born alive and now living 11
(c) Born alive and now dead One (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lila (First name) Welch (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) JUL 6 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Martine L. Schlenk M.D. (D.O., Midwife, etc.)
and address Bancroft, Ida. Date 7/2/42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

442-120003-249

[redacted]

Form V. S. No. 11-O—[illegible]-8-17

PLACE OF BIRTH

[illegible] IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

File No. 68733

Primary Registration District No. 2161

Registered No. 31

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	5 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Loren William Mabley	FULL MAIDEN NAME	Martha Smith
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 5-22 1919 N R Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-130-003-15-6

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

68734

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 32

FULL NAME OF CHILD ..... Mary Simons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	5-30-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Elmer Simons	Bertha Viola Grange
RESIDENCE	Bancroft	Bancroft
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Wallentine

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 5-31-1919 M. R. Wallentine

Registrar

..... Registrar

Form V. S. No. 27[illegible]

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

1734

MARGIN RESERVED FOR BINDING

Place of Birth

City: Bancroft

Street and House No.:

County: Bannock

Registered No. 32

Registration Dist. No. 84

Sex of Child: male

Date of Birth: 5 (MONTH) 30 (DAY) 1919 (YEAR)

Father: Joseph Elmer Simons (FULL NAME)

Mother: Bertha Viola George (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Marr Simons (GIVEN NAME IN FULL) (SURNAME)

as reported by Father (FATHER OR MOTHER)

N R Wallentine M D (LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of B[illegible]

[redacted]

9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68735

City of Bancroft

No. 265-218-003-265 St.

Registration District No. 84

File No.

Primary Registration District No. 2161

Registered No. 36

Hospital

FULL NAME OF CHILD Mae Dell Kone

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
female		Y	May 18

FATHER		MOTHER	
FULL NAME	Wm Ray Kone	FULL MAIDEN NAME	Effa Burgess Kone
RESIDENCE	Bancroft Ida.	RESIDENCE	Bancroft Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Vernal Utah	BIRTHPLACE	Price Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. T. J. Burgess

midwife (Physician or midwife)

Given names added from a supplemental report.

Address Hayden Utah

19

Registrar

Filed 6/7 1917 Dr N. R. Wallentine

Registrar

JUN 23 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

354-106-014-915

No. ..... St.

Registration District No. 3

File No. 68736

Primary Registration District No. 2005

Registered No. 109

Hospital .....

FULL NAME OF CHILD Harry Dale Temple

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	4	Yes	June 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ervin H. Temple	FULL MAIDEN NAME	Pearl Randolph
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wright Co Mo	BIRTHPLACE	Wright Co Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 6-7- 1919 John S. Meyers

Registrar

Registrar

246-206-014-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon amended Feb. 27, 1980 CERTIFICATE OF BIRTH 68737

City of Caldwell

Registration District No. 3

File No.

No. Reg. 2 St.

Primary Registration District No. 2005

Registered No. 108

Hospital

FULL NAME OF CHILD Thelma Irene Buffington

Sex of Child	~~Twin, Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	7"	yes	June 6" 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry N. Buffington	FULL MAIDEN NAME	Katherine E. Bay
RESIDENCE	Caldwell Ida. R.F.D. No. 2	RESIDENCE	Caldwell Ida. R.F.D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ia.	BIRTHPLACE	Ia
OCCUPATION	Farmer.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida.

19

Filed 6-9- 1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68737

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Buffington (Name on Original Certificate) who born (Was Born or Died) on June 6, 1919 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Thelma Irene Buffington

Subscribed and sworn to before me this 17 day of September, 1937

Notary Public, residing at Caldwell
My commission expires 12/1/40
(Seal)

Signed Katie Buffington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of September, 1937

Notary Public, residing at Caldwell
My commission expires 12/1/40
(Seal)

Signed Nellie D. West
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

Own child's birth certificate, Joyce Evelyn Bish, lists mother as Thelma Irene Buffington. #256928, born July 23, 1937, in Caldwell, ID.
viewed by vs Feb.27,1980

Social Security records, dated 1946, lists name as Thelma Irene Buffington Bish (married name). #519-16-8352.
viewed by vs Feb.27,1980

281-204-014-365

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68738

County of Canyon

City of Caldwell

No. Elgin St.

Hospital —

Registration District No. 3

File No.

Primary Registration District No. 1005

Registered No. 107

FULL NAME OF CHILD FRANCES HARRIET SHAVER

Sex of Child Female

~~Twin Triplet~~ or other? and Number in order of birth 3rd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June (Month) 4th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm. W. Shaver	FULL MAIDEN NAME	Alice Dee ~~Cugsley~~ Conway
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	~~[illegible]~~ Teamster.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 12:30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 6-9- 1919 John S. Mayes

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 68738

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances Harriet Shaver (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on June 10, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Shaver
		Frances Harriet Shaver

Subscribed and sworn to before me this 6
day of Aug 1942
Miller
Notary Public, residing at Caldwell Ida
My commission expires Aug 28/1942
(Seal)

Signed W. W. Shaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
714 Chicago Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of Aug 1942
Meyer
Notary Public, residing at Caldwell Ida
My commission expires Aug 28/1942
(Seal)

Signed W. E. Kingsley
(Signature of Any Credible Person Other Than Previous Year)
11th & E. Cain St. Caldwell Ida
(Street Address, City, State)

AUG 7 1942

493-231-014-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 68739

Primary Registration District No. 1005 Registered No. 106

FULL NAME OF CHILD Edna E. Mitchell

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth: 3rd (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: May 31st (Month) (Day) 191.9 (Year)

FATHER

FULL NAME: Luther J. Mitchell

RESIDENCE: Caldwell Ida.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Clerk in store

MOTHER

FULL MAIDEN NAME: Edna A. Skipper

RESIDENCE: Caldwell Ida

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Glenns Ferry Ida.

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the above date at 10. a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Henry (Physician or midwife)

Address Caldwell Ida

Filed 6-6 1919 John L. Meyer Registrar

1/23/41 L. B.

218-231-014-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 68740

Primary Registration District No. 2005 Registered No. 105

FULL NAME OF CHILD Elta Margaret Bayless

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	S	3	Yes	May 31 1919

FATHER		MOTHER	
FULL NAME	Bernard Bayless	FULL MAIDEN NAME	Mae Georgie Beseecker
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Scott Co Kans	BIRTHPLACE	Hinsdale N H.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Love M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-3- 1919 John S. Meyer Registrar

417-131-014-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68741

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. .....

Registered No. 104

FULL NAME OF CHILD Donly Ward Daggett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 31 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ward Daggett	FULL MAIDEN NAME	Roxy Henry
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 6-1-1919 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 - 1953

SEP 12 1951

231-130-014-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. 68742

Registered No. 103

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. E. Stanley	FULL MAIDEN NAME	Rosa Ethel Rounds
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Swandown, Maine	BIRTHPLACE	Caldwell, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Caldwell, Idaho

..... Registrar Filed 6-1- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-126-014-239

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3

File No. 68743

Primary Registration District No. 1005

Registered No. 102

FULL NAME OF CHILD CHARLES MORGAN RICHARDSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	yes	May 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hayden B. Richardson	Maggie E. Stillwell
RESIDENCE	Caldwell Ida.	Caldwell Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28.	18.
BIRTHPLACE	Portland Oreg.	Mt. Grove Mo.
OCCUPATION	Hotel Man	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on above date (Born alive or stillborn) at 11:15a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McHenry (Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2 1919 John L. Meyer Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Chelan } ss.

Certificate No. 68743

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on May 26, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Army enlistment & social security Card (Bible Record, Insurance Policy, Etc.) prepared on May 26, 1919 at 11:15 A.M. are:
Dates 6/27/47 & 16 yrs. old
Viewed by V.S at Palace Rooms, Caldwell, Idaho

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Charles Morgan Richardson

Subscribed and sworn to before me this 28th day of July, 1955

Pauline B. Masteron
Notary Public, residing at Wenatchee
My commission expires June 15, 1958
(Seal)

Signed Hayden E. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
511 Okanogan, Wenatchee, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Chelan } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1955

Notary Public, residing at Wenatchee
My commission expires June 15, 1958
(Seal)

Signed Maggie E. Richardson.
(Signature of Any Credible Person)
511 Okanogan, Wenatchee, Washington
(Street Address, City, State)

DPH 52.155

[redacted] 2 1955

366-224-014-452

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. St.

Hospital

Registration District No. 3

File No. 68744

Primary Registration District No. 2005

Registered No. 101

FULL NAME OF CHILD Lois Irene Coon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry W. Coon	FULL MAIDEN NAME	Cleta May Mesler
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Princton, Missouri	BIRTHPLACE	Verdon, Nebraska
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 5-30-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1942

623-223-014-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. City St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68745

Registration District No. 3

Primary Registration District No. 1005

File No.

Registered No. 100

FULL NAME OF CHILD Humphrey Ostland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	other	4	yes	May 23 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Humphry Ostland.	Lena Schultz.
RESIDENCE	Caldwell Ida.	N. Dakota
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	28.
BIRTHPLACE	Grey City Ida	North Dakota.
OCCUPATION	Musician	Housekeeper.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... on above date, at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. McKenny

(Physician)

Address Caldwell Ida

Filed 5-27-19 17 John L. Meyer Registrar

943-122-014-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68746

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	S	12	Yes	May 22 1918

FATHER		MOTHER	
FULL NAME	James Edward Rutledge	FULL MAIDEN NAME	Lorie L. Landreth
RESIDENCE	Middleton Id	RESIDENCE	Middleton Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Omaga Ill	BIRTHPLACE	Story Co Iow
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-4- 1918

John L. Mayes
Registrar

249-120-014-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 68747

Primary Registration District No. 1005 Registered No. 98

FULL NAME OF CHILD Alfred Augustus Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 20 1917

FATHER		MOTHER	
FULL NAME	Fred Smith	FULL MAIDEN NAME	Marnetta Switzer
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mayberry, West Virginia	BIRTHPLACE	Eureka, Illinois
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 5-21-1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy of Family Bible Record, appears old and unaltered gives full name as Alfred Augustus Smith - viewed by V.S. Certified Copy of Marriage License, State of Texas, May 27, 1950 at Corpus Christi - gives full name of groom as Alfred Augustus Smith and full name of bride as Miss Daisy May Clawson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Illinois } ss.
County of Kennebec }

Certificate No. 68747

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on May 20, 1919 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record, School Record (Bible Record, Insurance Policy, Etc.) prepared on February 3, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alfred Augustus Smith

Subscribed and sworn to before me this 4 day of February, 1960

Myrtle F. [illegible]

Notary Public, residing at Sou. H. Belvidere Ill

My commission expires Jan 9, 1962

(Seal)

Signed Frances Marnetta Smith Allen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3 Harrison Ct. Belvidere Ill

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DPH 55.155 CL 1-19-60. 2 copies pd. receipt #19347.

MAR 1 7 1969

MAR 19 1969

168-120-014-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68748

County of Canyon

City of Caldwell R.F.D. 4

Registration District No. 3

File No.

No. ..... St.

Primary Registration District No. 2005

Registered No. 97

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	5	Yes	May 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cyres L. Johnson	FULL MAIDEN NAME	Maud E. Gwillian
RESIDENCE	Caldwell R.F.D. 4	RESIDENCE	Caldwell R.F.D. 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

..... 19.....

Filed 5-20- 1919 John S. Meyers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-119-014-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder R.F.D. Registration District No. 3 File No. 68749

No. ..... St. Primary Registration District No. 2005 Registered No. 96

Hospital .....

FULL NAME OF CHILD Russell Breen Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	S		2	Yes	May 19 19[illegible]

FATHER		MOTHER	
FULL NAME	Robert John Clark	FULL MAIDEN NAME	Francis Farley
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ont Canada	BIRTHPLACE	Amboy Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gue M. D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-20-19[illegible] John L. Meyers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/8/41 L. B.

MAR 1 0 1976

791-118-014-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68750

County of Canyon

City of ~~Caldwell~~ Notus R.F.D. 1

No. ..... St.

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 95

Hospital .....

FULL NAME OF CHILD Charles Louis Gray

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	S	1	Yes	May 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Elbert Gray	FULL MAIDEN NAME	Jessie Stafford
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Caldwell
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address [redacted]

..... Registrar Filed 5-20- 19 [redacted] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own child's birth certificate, on file 53-9778, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68750

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Not given (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1919 (Date of Event) in Notus, R.F.D 1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

Account Number, 519-12-7004, viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not given	Charles Louis Gray

Subscribed and sworn to before me this 5 day of December, 1951

M. Wade
Notary Public, residing at Nampa
My commission expires May 1961
(Seal)

Signed Jessie Leora Gray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

523 Eldon, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

FEB 4 1969

986-218-014-892

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68751

County of Canyon

City of Greenleaf

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 94

Hospital Ruth Marie

FULL NAME OF CHILD ~~[illegible]~~ Rhoads

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 18 191[illegible]

FATHER		MOTHER	
FULL NAME	Edgar W. Rhoads	FULL MAIDEN NAME	Gladys Hibbs
RESIDENCE	Greenleaf Idaho	RESIDENCE	Greenleaf Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Dallas, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Forney, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Filed 5-21-1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of .....

Certificate No. 68751

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Katherine	Ruth Marie Rhoads

Subscribed and sworn to before me this 12 day of January, 1944

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed E.W. Rhoads
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 3 0 1973

869-217-014-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Hospital

Registration District No. 3

File No. 68752

Primary Registration District No. 2005

Registered No. 93

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 17 1919

FATHER		MOTHER	
FULL NAME	Logan Edgar York	FULL MAIDEN NAME	Mary Allison McShane
RESIDENCE	R2, Caldwell, Idaho	RESIDENCE	R2, Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Georgia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 5-18-1919 John S. Meyer, Registrar

NOV 6 1967

295-115
014-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 68753

Primary Registration District No. 1005

Registered No. 92

FULL NAME OF CHILD ROBERT SUMNER BINFORD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 15 1919

FATHER		MOTHER	
FULL NAME	Arthur Allen Binford	FULL MAIDEN NAME	Anna Irene McGregor
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 5-18-1919

John J. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of MULTNOMAH } ss.

Certificate No. 68753

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Sumner Binford

Subscribed and sworn to before me this 9th
day of March, 1942
N. Watts
Notary Public residing at 704 N.E. 47th Ave Portland Ore
NOTARY PUBLIC FOR STATE OF OREGON
My commission expires
(Seal) MY COMMISSION EXPIRES SEPT. 10, 1945

Signed Mrs A A Binford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1236 S.E. 55th Ave PORTLAND ORE
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of MULTNOMAH } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942
Notary Public residing at Portland Ore
NOTARY PUBLIC FOR STATE OF OREGON
My commission expires
(Seal) MY COMMISSION EXPIRES JAN. 5, 1944

Signed A A Binford
(Signature of Any Credible Person Other Than Previous Year)
1236 S.E. 55th Ave PORTLAND ORE
(Street Address, City, State)

MAY 28 1953

449-114-014-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68754

County of Canyon

City of Caldwell — Registration District No. 3 — File No.

No. ..... St. — Primary Registration District No. 1005 — Registered No. 91

Hospital .....

FULL NAME OF CHILD Howard Earl Murphy

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	S	1	Yes	5/14/19

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Murphy	Alma Nelson
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Kansas	
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-20-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1944

365-214-014-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68755

County of Canyon

City of ~~Caldwell~~ Middleton

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 90

Hospital

FULL NAME OF CHILD Lilly May Lovejoy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			4th	yes	5 (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester L. Lovejoy	FULL MAIDEN NAME	Vinnie O Lavan
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hamer, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Middleton Idaho

Filed 5-27-1919 John S. Meyer

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1965

FEB 6 1981

213-214-014-553 childs name added 3-15-84 dl

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68756

County of Canyon

City of Caldwell

No. Route 3 St.

Hospital

Registration District No. 3

Primary Registration District No. 2004

File No.

Registered No. 89

FULL NAME OF CHILD Virginia June Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 14 1919

FATHER	MOTHER
FULL NAME: William R. Bates	FULL MAIDEN NAME: Audrey Nelson
RESIDENCE: Caldwell, Idaho, R 3	RESIDENCE: Caldwell, Idaho, R 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Menomanee, Wisconsin	BIRTHPLACE: Belgrade, Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 5-16-1919

John L. Greyer
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3-15-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 68756
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Bates (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 14, 1919 (Date of Event)
in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Virginia June Bates

Subscribed and sworn to before me this 15th day of March, 1984.
Notary Public, Darlene Leavitt
Residing at Boise Idaho
My commission expires Jan 14, 1987
(Seal)

June B. Cattier
Signature of Applicant
2005 Polk St. Caldwell, Idaho 83605
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage License lists Eugene M Cottier and Virginia June Bates were married Jan 1, 1938 in Canyon County. Viewed by V.S.

Birth Certificate for Virginia Lee Cottier born April 23, 1939 in Caldwell to Eugene Martin Cottier and Virginia June Bates. State file # 279040. Viewed by V.S.

466 · 113-014-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 68757

Registered No. 88

FULL NAME OF CHILD Ivan Roy Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy T. Moore	FULL MAIDEN NAME	Grace Bassett
RESIDENCE	Route 2, Caldwell, Idaho	RESIDENCE	Route 2, Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Caldwell, Idaho	BIRTHPLACE	Lincoln, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell, Idaho

Registrar

Filed 5-18-1919 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1953

366-209-014-212

CHILD'S FIRST NAME AMENDED 12/07/2011 TG

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 68758

Primary Registration District No. 1005 Registered No. 87

FULL NAME OF CHILD ~~Reta~~ RITA May Lowther

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	S		3	Yes	5/9/1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pearl Ross Lowther	FULL MAIDEN NAME	Mary Baker
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Mexico Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 24 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-20-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1972
NOV 21 1972

RECEIVED
DEC 02 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1919-68758
Date Filed 05/20/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Reta May Lowther (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/09/1919 (Date of Event)
in Caldwell (Canyon Co.) Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Reta	Rita

Subscribed and sworn to before me this 29 day of November

Notary Public, Leslie Roan

Residing at 5710 Southview Rd. Laramie

My commission expires 11/16/2014
(Seal)

LESLIE ROAN – NOTARY PUBLIC
STATE OF WYOMING
COUNTY OF ALBANY
MY COMMISSION EXPIRES NOV. 16, 2014

Anita J. Coles
Signature of Applicant

954 McCue #32 Laramie WY
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

June 2, 2011 IDAHO BIRTH CERTIFICATE 1938-270168 TONI MARIE COLES BORN 08/10/1938 TO RITA MAY LOWTHER & ALVIN ROBERT COLES VIEWED BY VS
STATE OF IDAHO MARRIAGE CERTIFICATE RITA MAY LOWTHER MARRIED ALVIN ROBERT COLES 07/01/1937 VIEWED BY VS

366 - 205
039 - 154

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68759

County of Power

City of American Falls

Registration District No. 25

File No. 4

No. ..... St.

Primary Registration District No. 2072

Registered No. 34

Hospital .....

FULL NAME OF CHILD ~~not named~~ Lila Myrtle Cooper

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Feb 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heber William Cooper	FULL MAIDEN NAME	Henrietta Anderson
RESIDENCE	Garn District Power Co	RESIDENCE	Garn District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard B Noth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls, Idaho

Filed 2/4 1919 R. L. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1959

563-105-079-545

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68760

County of Ada

City of Boise Falls

Registration District No. 25 File No. 1

No. ..... St.

Primary Registration District No. 2072 Registered No. 35

Hospital .....

FULL NAME OF CHILD Richard Runnells North

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Feb 5 1919

FATHER

FULL NAME Herman H. North

RESIDENCE Arbon Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Clinton, Miss

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martin Runnells

RESIDENCE Arbon Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Somerset, Ky.

OCCUPATION Home Life

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:39 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

(Physician or [redacted])

Given names added from a supplemental report.

..... 19..... Address Boise Falls Idaho

..... Registrar Filed 2/26 1919 R. F. North Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-110-039-244

PLACE OF BIRTH

[redacted] S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68761

County of Power

City of American Falls

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No. 36

Hospital

FULL NAME OF CHILD Robert Wilber Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frederick Wilber Wells	FULL MAIDEN NAME	Inez Budge
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ord, Neb.	BIRTHPLACE	Rockland Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Am. Falls, Ida.

Filed 2-10-1919 R. J. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 0 1 2010

219-216-039-5-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible] No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

68762

County of Power

City of American Falls

Registration District No. 25

File No.

No. ..... St.

Primary Registration District No. 2072

Registered No. 37

Hospital .....

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		yes	Feb. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Barlow	FULL MAIDEN NAME	Lena Embry
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Atlanta Georgia	BIRTHPLACE	Greensboro, Ky.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls, Ida

Filed 2-16 1919 R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-217-039-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68763

County of Power

City of American Falls

Registration District No. 25

File No. 1

No. ..... St.

Primary Registration District No. 2072

Registered No. 38

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		Yes	Feb. 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver W. Pollard	FULL MAIDEN NAME	Avril Lusher
RESIDENCE	American Falls, Id.	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wartsburg, Wash.	BIRTHPLACE	Wayne Co, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls, Ida

Filed 2-17 1919 R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

577-224-039-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2072

File No. 68764

Registered No. 33

FULL NAME OF CHILD Lucea Dorothea Eggers

Sex of Child Fem.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 24th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick William Eggers	FULL MAIDEN NAME	Mary Merle McCullough
RESIDENCE	American Falls, Id.	RESIDENCE	American Falls Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Clinton, Iowa	BIRTHPLACE	Chugler Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 10 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard B. Noth

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Registrar

Address Am. Falls Ida

Filed 2-24 1919

R. J. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-104-038-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68765

County of Power

City of Am. Falls — Registration District No. 25 — File No. 1

No. ____ St. — Primary Registration District No. 2072 — Registered No. 40

Hospital ____

FULL NAME OF CHILD Delbert Ray Hensley

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Feb (Month) 4 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Albert C. Hensley	FULL MAIDEN NAME	Fanny Hall
RESIDENCE	American Falls Ida	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Fleming Co, Ky	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Floyd Co, Ky
		OCCUPATION	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 3 a. M. on the date above stated.

(Signature) Albert C. Hensley (Father)
(Physician or midwife)

Address Am. Falls Ida

Filed 3/29 1919 R. S. North Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-375879

256-203-039-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68766

County of Power

City of American Falls

Registration District No. 25

File No.

No. ..... St.

Primary Registration District No. 2072

Registered No. 41

Hospital

FULL NAME OF CHILD Dorothy Naomi Snowball

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Willard Snowball	FULL MAIDEN NAME	Nellie Barlow
RESIDENCE	American Falls	RESIDENCE	American Falls, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Randolph Utah	BIRTHPLACE	San Jose, Cal
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls, Ida

Filed 3-3-1919 R. S. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1944

945-110-039-517

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

68767

County of Power

City of American Falls

Registration District No. 25

File No. 1

No. ..... St.

Primary Registration District No. 2072

Registered No. 5042

Hospital Bethany

FULL NAME OF CHILD Erick Alden Runner

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)

Legitimate? Yes

Date of Birth: March 10 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Andrew Runner

RESIDENCE: Rockland, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Nagel

RESIDENCE: Rockland, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Great Falls, Mont

OCCUPATION: House wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roland F Noble

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address American Falls, Ida

Filed 3-10 1919 R. F. Noble

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-110-039-168

PLACE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68768

Registration District No. 25 File No. 1

Primary Registration District No. 2072 Registered No. 43

FULL NAME OF CHILD Bernard Peck

Sex of Child Male | Twin Triplet or other? Twin and Number in order of birth One (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mch 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford Hayes Peck	FULL MAIDEN NAME	Evelina Jane Johnson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hanover Kas	BIRTHPLACE	Fort Collins Colo
OCCUPATION	Mechanic (Automobile)	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Notts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls, Ida.

Filed 3-10 1919 R. L. Notts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1965

753-110-039168

PLACE OF BIRTH

5½ lb Boy

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68769

County of Power

City of American Falls

Registration District No. 25

File No. 1

No. ..... St.

Primary Registration District No. 2012

Registered No. 44

Hospital .....

FULL NAME OF CHILD Burford Peck

Sex of Child Male

Twin Triplet or other? twin and Number in order of birth 2nd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clifford Hayes Peck	FULL MAIDEN NAME	Evalina Jane Johnson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hanover Kas	BIRTHPLACE	Fort Collins Colo.
OCCUPATION	Automobile mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Noth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Idaho

Filed 3-10 1919 R. L. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 19[illegible]

JAN 8 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68770

County of Power

City of Am. Falls

No. ..... St.

Registration District No. 25 File No. .....

Primary Registration District No. 2072 Registered No. 45

Hospital .....

FULL NAME OF CHILD Victor Lloyd Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 12 19

FATHER		MOTHER	
FULL NAME	George William Morris	FULL MAIDEN NAME	Margaret Call
RESIDENCE	American Falls	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Cattle buyer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Mott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Am. Falls Idaho

Filed 3-12 1919 Richard F Mott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE [redacted]

County of C[redacted]

~~City of~~ [redacted]

No. 266-126-016-597 St.

Registration District No. 25

File No. 68771

Primary Registration District No. 2072

Registered No. 46

Hospital

FULL NAME OF CHILD Floyd Bower

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Mch (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Earl Bower	FULL MAIDEN NAME	Bertha Della Nix
RESIDENCE	Hegler	RESIDENCE	Hegler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montesano, Wash	BIRTHPLACE	Prairie Grove Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2 P M. on the date above stated.

Arrived this after birth

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Moth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Ann Salle Ida

Registrar

Filed 3-29 1919 R. S. Moth

Registrar

669-123-039-162

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68772

County of Power

City of American Falls

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No. 47

Hospital

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 23 1919

FATHER		MOTHER	
FULL NAME	Cornelius Caesar Workman	FULL MAIDEN NAME	Mary Joslin
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Springville, Utah	BIRTHPLACE	Furley, Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Am. Falls, Ida

Registrar

Filed 3-29 1919

R. L. Noth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-127-039-799

PLACE OF BIRTH

County of Power

City of American Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 25 — File No. 68773

No. ____ St. ____

Primary Registration District No. 2072 — Registered No. 48

Hospital ____

FULL NAME OF CHILD John Roth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 27 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry J. Roth	Caroline Pisch Powsky
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a M. on the date above stated.

(Signature) Henry J. Roth M.D. "Father"

(Physician or midwife)

Address Am. Falls Idaho

Filed 3-29 1919 R. F. Roth Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 231-129-039-845

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68774

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. .....

Primary Registration District No. 2012 Registered No. 49

FULL NAME OF CHILD [redacted] Cecil Hunt Stanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	March 29 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME	John Rudger Stanger	FULL MAIDEN NAME Oleta Hunt
RESIDENCE	Am. Falls	RESIDENCE Am. Falls.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE Downey, Utah
OCCUPATION	Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth (Physician or midwife)

Address Am. Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/29 1919 R. F. Roth Registrar

OCT 5 1942

OCT 17 1974

413-121-039-15[redacted]

Form V. S. No. 11-0—25m-9-8-17

PLACE OF BIRTH

[redacted]TATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2072

File No. 68775

Registered No. 50

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles LeRoy Dalton	FULL MAIDEN NAME	Bertha Anderson
RESIDENCE	American Falls, Ida.	RESIDENCE	American, Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Aberdeen, Ida.

Filed 3-31 1919

R. L. Noth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-102-039-235

PLACE OF BIRTH

name added 5/27/80

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 68776

No. ..... St.

Primary Registration District No. 2072

Registered No. 51

Hospital Bethany

FULL NAME OF CHILD Floyd L. Draper

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Andrew George Draper	FULL MAIDEN NAME	Nina Bell Stewart
RESIDENCE	American Falls, Id	RESIDENCE	American Falls Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Riverton, Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Foreman of Sheep Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard C. Moth

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Am. Falls Ida

Filed 4-2 1919 R. L. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-18-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 14 7 56 AM '80

State of _____ } ss.
County of _____ }

Certificate No. 68776
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Draper (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 2, 1919 (Date of Event)

in American Falls (Power) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Floyd L. Draper

Subscribed and sworn to before me this 8th day of May, 1980.

Notary Public, Sula M. Simpson

Residing at P.O Box 14400 Las Vegas NV 89114

My commission expires August 28, 1982

(Seal)

NOTARY PUBLIC STATE OF NEVADA
CLARK COUNTY
SULA M. SIMPSON
My Commission Expires August 28, 1982

Floyd L. Draper
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certif of Baptism from the LDS Church gives name as Floyf Lawrence Draper ~~daughter~~ ~~and~~ son of Anderew G. Draper and Minahell Strewart. born Uapril 1. 1919 at American Falls, Idaho. Baptized May 1, 1927. viewed yl

MAY 27 1930

Faithful Attendance recrdo ~~for~~ from Idaho gives nameasFloyd Draper .shc ~~sec~~=scholl dCC fromSchool District #, Power County. dated May 22,1931. viewed byV. S

795-105-035-219

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital Bulteau

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 25

File No. 68777

Primary Registration District No. 2072

Registered No. 52

FULL NAME OF CHILD Chester Barber Greene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 3 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Greene	Emma Bisland Barber
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Brooklyn N. Y.	Burlington, Colorado
OCCUPATION	Manager Grain Elevator	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard R Nott

(Physician ~~or midwife~~)

Address American Falls Ida

Filed 4-9 1919 R. R. Nott Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-283-835-875

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68778

County of Power

City of .....

No. ..... St.

Hospital .....

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 53

FULL NAME OF CHILD Norma Laura Jones

Sex of Child Fem. | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4 (Month) 3 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Frank L. Jones	FULL MAIDEN NAME	Daisy Hanson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	American Falls, Ida.	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roland F. Nott (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Am. Falls Idaho

Filed 4-4 1919

R. F. Nott Registrar

443-204-039-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68779

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 5-4

Hospital .....

FULL NAME OF CHILD Helen Sophie Muller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yrs	April 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Muller	FULL MAIDEN NAME	Rosa Hensen
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Anchor Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician [redacted]

Given names added from a supplemental report.

..... 19.....

Address American Falls Idaho

Filed 4-4 1919 R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 133-107-039-625

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68780

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 55

Hospital Bethany

FULL NAME OF CHILD Dale Jos. Allen

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth April 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Earl Allen	FULL MAIDEN NAME	Florence Lucille Iserman
RESIDENCE	American Falls, Id	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Uno, Neb.	BIRTHPLACE	Madison, Wisc.
OCCUPATION	R. R. Telegrapher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:22 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard Moody

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address American Falls Ida

Filed 4-8 1919 R. S. Noth

Registrar

Registrar

MAR 16 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 655-212 039-766

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68781

County of Power

City of American Falls

Registration District No. 25 File No. 2

No. ..... St.

Primary Registration District No. 2072 Registered No. 56

Hospital Bethany

FULL NAME OF CHILD Ada Virginia Fenstermaker

Sex of Child Fem

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Meryl Edward Fenster-	FULL MAIDEN NAME	Jessie Amelia Powell
RESIDENCE	American Falls [maker	RESIDENCE	American Falls, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Leipsic, Ohio	BIRTHPLACE	Jackson Co. Ohio
OCCUPATION	Farmer & mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

..... Registrar

Filed 4-18 1919 R. F. Noth Registrar

SEP 10 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 125-224 039-657

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68782

County of Power

City of American Falls — Registration District No. 25 — File No. 2

No. ..... St. — Primary Registration District No. 2072 — Registered No. 57

Hospital .....

FULL NAME OF CHILD GRACIE IONA ABERCROMBIE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
		Yes	4 / 24 / 19

FATHER		MOTHER	
FULL NAME	John L. Abercrombie	FULL MAIDEN NAME	Ella Wegner
RESIDENCE	American Falls, Ida.	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	De Witt, Ark.	BIRTHPLACE	New Auburn, Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7:30a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Watts (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address American Falls Ida

Filed 4-24-19 R. F. Watts Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68782

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for GRACIE IONA ABERCROMBIE (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on APRIL 24, 1919 (DATE OF EVENT)
in AMERICAN FALLS, IDA (PLACE OF EVENT), are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Gracie Iona Abercrombie

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Mrs. J. D. Abercrombie (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

Castle Rock, Wash.
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of October, 19 42

Signed Mrs J. D. Abercrombie
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

H. L. Martin
Notary Public, residing at Longview, Wash.

Castle Rock, Wash.
(STREET ADDRESS, CITY, STATE)

My commission expires March 26, 1943.
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 25 1944

AUG 25 1944

Form V. S. No. 11-C—25m-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ~~Bingham~~ Power

City of P.O. Aberdeen

695-227-039-984

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68783

Registration District No. ..... File No. 2

Primary Registration District No. ..... Registered No. 58

Hospital .....

FULL NAME OF CHILD ..... Marcella Edna Frey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	April 27 1919

FATHER		MOTHER	
FULL NAME	Jacob H Frey	FULL MAIDEN NAME	Elsa Zimmerman
RESIDENCE	P.O. Aberdeen, Ida	RESIDENCE	P.O. Aberdeen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mayfield, Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Voth

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-27-1919 R F Voth Registrar

MAY 4 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 168 - 204
039 - 395

County of Power

City of American Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

68784

Registration District No. 25

File No. 2

Primary Registration District No. 2072

Registered No. 59

FULL NAME OF CHILD Evelyn Lorraine Johnson

Sex of Child Fem

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yrs

Date of Birth 5 (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Carl W. Johnson	FULL MAIDEN NAME	Ida Ingeborg Lindstedt
RESIDENCE	American Falls Id	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or [illegible])

Given names added from a supplemental report.

..... 19.....

Address Am. Falls. Idaho

Filed 5-4 1919

R. F. Noth
Registrar

Registrar

APR 1 5 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 786-107 039-331

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68785

County of Power

City of American Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 60

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 7 1919

FATHER		MOTHER	
FULL NAME	Albert Sidney Gholson	FULL MAIDEN NAME	Pearl Clark
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mason Valley, Ark.	BIRTHPLACE	Mason Valley, Ark
OCCUPATION	Laborer in flour mill.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hook

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls Ida

..... Registrar

Filed 5-8 1919 R. S. Notts Registrar

219 - 225-019-319

PLACE OF BIRTH

[redacted]AHO
STATISTICS
BIRTH

Form V. S. No. 11—25m-9-8-15

68787

County of Custer

City of Mackay

No. _____ St.

Hospital Mackay

Registration District No. 76

File No. _____

Primary Registration District No. 2153

Registered No. _____

FULL NAME OF CHILD Winifred Bartlett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Floyd J. Bartlett	FULL MAIDEN NAME	Vivian Larter
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Starr MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed June 9th 1919 Rose Nowalki Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 194

122 - 204-019-219

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68788

County of Custer

City of Mackay

No. ____ St.

Hospital Mackay

Registration District No. 76

Primary Registration District No. 2153

File No. ____

Registered No. ____

FULL NAME OF CHILD Arlyss Abbey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 4 1919

FATHER		MOTHER	
FULL NAME	William Norvil Abbey	FULL MAIDEN NAME	Neva Edna Bartlett
RESIDENCE	Mackay, Idaho.	RESIDENCE	Mackay, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P.M. on the date above stated.

(Signature) J. F. Starr M.D.

(Physician or midwife)

Address Mackay - Ida

Filed June 9 19 19 Rose Nowacki

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

9-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-305050

449-224-029-245

[redacted] IDAHO

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68791

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Catherine Nelsen Hurbin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2	yes	May 24 1919

FATHER		MOTHER	
FULL NAME	Oscar Hurbin	FULL MAIDEN NAME	Anna Smecker
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Vernon Co Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Lumbermen	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 24 1919

C K Henkle Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1969

215-204-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C Rev. 6-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64

File No. 68792

Primary Registration District No. 2144

Registered No. .....

FULL NAME OF CHILD Marion June Sandstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		1	yes	June 4 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Sandstrom	Hilma Olive Johnson
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Wisconsan	Troy Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 6 1919

C K Henkle

Registrar

K

195-122-029-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 64

Primary Registration District No. 3144

File No. 68793

Registered No. .....

FULL NAME OF CHILD Wesley W. Arnot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8	yes	May 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sidney Raymond Arnot	Nellie Greer
RESIDENCE	Troy	Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Indianna	Ill
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Hendle

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 24 1917

C K Hendle

Registrar

JAN 1 8 1943

749-214-044-413

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]

V. S. No. 11-C—[illegible]

Amended 5/28/74

CERTIFICATE OF BIRTH

68794

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. .....

Primary Registration District No. 2112

Registered No. 32

FULL NAME OF CHILD Retha May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	March 14th 1919

FATHER		MOTHER	
FULL NAME	H. W. Guilford	FULL MAIDEN NAME	Bessie Dollar
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 1st 1919 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 6 1974

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68794

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bertha May Guilford (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1919 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Bertha	Retha

Subscribed and sworn to before me this 6th day of May, 19 74

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

X Signed Leslie V. Guilford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

648 W Butterfield
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 5/6/74 (in office)

Record from Family Bible gives name as Retha May, born Friday March xx 24 at Nelson, Idaho. viewed by V. S.

MAY 2 8 1974

Diploma from Ontario High ~~School~~ School, Ontario, Oregon gives name as Retha May Guilford. dated May 25, 1937. viewed by V. S.

Marriage License and Certificate from Idaho gives groom's name as Edward Thomas Gillispie and the bride's name as Retha Guilford. dated Sept. 6, 1939. Viewed by V. S.

852-228-04 [illegible] 66

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68795

PLACE OF BIRTH

County of Wash

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 1010 Registered No. 33

FULL NAME OF CHILD Anita Nesselberg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1	Yes.	April 25 1919

FATHER		MOTHER	
FULL NAME	Alfred Nesselberg	FULL MAIDEN NAME	Esther Woodruff
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY	29 (Years)
		BIRTHPLACE	Pine Valley, Ore.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Marshall M. D.

Weiser

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 1st 1919 W. R. Haworth Registrar

S-Y CO. 24655

493-102-044-212

1092

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser

No. 30 W. Liberty St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68796

Registration District No. 76 File No.

Primary Registration District No. 1010 Registered No. 34

FULL NAME OF CHILD Robert Lloyd Mitchell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	2	Yes	5 2 19

FATHER	MOTHER
FULL NAME: Samuel Sylvester Mitchell	FULL MAIDEN NAME: Wilma Lucile Baker
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Nebraske	BIRTHPLACE: Oregon
OCCUPATION: Printer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 3rd 19 19

W. R. Hamilton
Registrar

S-Y CO. 24655

OCT 5 1955

313-110-044-666

1093

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. 1144 West 3rd. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 68797

Primary Registration District No. 1010 Registered No. 35

FULL NAME OF CHILD Clive Rex Caldwell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	5	Yes	5 10 1909

FATHER	MOTHER
FULL NAME: H. C. Caldwell	FULL MAIDEN NAME: Louise Woodruff
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Clerk American Express	OCCUPATION: House-wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.20 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 11th 1909 W. R. Hamilton
Registrar

S-Y CO. 24658

312-211-044-693

Name Added 2/7/78

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68798

County of Washington

City of Weiser

No. E. Main St.

Hospital

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 36

FULL NAME OF CHILD Melba A. Lakey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. C. Lakey	FULL MAIDEN NAME	Frances Williams
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Council Ida	BIRTHPLACE	Wyo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walthouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed May 20th 1917 W. R. Hamilton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 68798

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lakey (female) (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1919 (Date of Event)
in Weiser, Idaho (Washington) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Melba Amelia Lakey

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of Marion } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
July, 1977

Notary Public, residing at 206 E. Main Silverton Or.
My commission expires 4-21-79
(Seal)

Signed Lucille Lakey Simmons
(Signature of Any Credible Person)

18792 Saratoga Dr. Salem, Or. 97304
(Street Address, City, State)

FORM DH 60-155

CL 7/8/77 ret'd $3. Money order Receipt

FEB - 8 1978

Marriage certif from Washington gives names as Wesley Schindler and Melba A. Lakey. dated November 15, 1937. viewed by V. S.

Statement regarding school records dated January 16, 1978 from Ronald K. Wilkerson, Supt. Intermediate Education District, Marion County, OR, dist. 119 under date of Oct 25, 1931 and filed October 25, 1931 shows Melba Lakey, Age 13, parent-Chas Lakey. -- viewed by V.S.

219-112-044-249

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Wash

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 68799

Primary Registration District No. 1010 Registered No. 37

FULL NAME OF CHILD Alfred Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	Yes	May 12 1919

FATHER		MOTHER	
FULL NAME	Loyd Bailey	FULL MAIDEN NAME	Emily Burgen
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb.	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Marshall M.D.

Weiser Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 1st 1919 W. R. Hamilton Registrar

S-7 CO. 24[illegible]

DEC 6 - 1968
DEC 6 1968
JUL 3 1969
MAY 2 5 1976

1094

862-215
044-844

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68800

County of Washington

City of Weiser

No. 166 Washington St.

Hospital

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 38.

FULL NAME OF CHILD Bessie Elouise Hoseley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	#	1	Yes	5 (Month) 15 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. D. Hoseley	FULL MAIDEN NAME	Mary Humphrey
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Fireman P&IN RR	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser, Idaho

Filed May 17th 1919 W. R. Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68801

Registration District No. 56 File No.

No. 54 St. 10.
565-116-044-892 Primary Registration District No. 1010 Registered No. 39

Hospital

FULL NAME OF CHILD David William Noel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 16th 1919

FATHER		MOTHER	
FULL NAME	I. D. Noel.	FULL MAIDEN NAME	Dorothy Goodesty.
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farm - Director.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

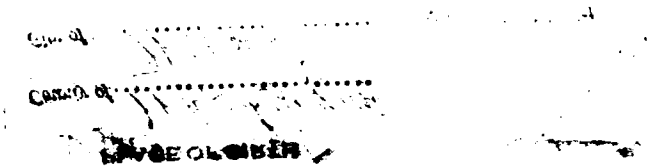
(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

....., 19.....
Registrar

Filed May 17th 1919 W. R. Hamilton
Registrar



Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68802

County of Washington

City of Weiser Registration District No. 86 File No.

No. Liberty & 11th St. E. Primary Registration District No. 1010 Registered No. 10

Hospital

FULL NAME OF CHILD DOROTHY BLOOMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 17th 1917

	FATHER	MOTHER
FULL NAME	A. P. Bloomer.	FULL MAIDEN NAME Mable Lewis.
RESIDENCE	Weiser Ida.	RESIDENCE Weiser Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE Virginia
OCCUPATION	Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed May 20, 19 17 W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 68802
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Dorothy Bloomer (Name on original certificate) who was born (Was born or died) on May 17, 1919 (Date of event)
in Weiser, Washington Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by marriage record (Bible record, insurance policy, etc.) prepared on May 17, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Boomer	Bloomer
Name	Unnamed	Dorothy

Subscribed and sworn to before me this 29th
day of January, 19 42
Fern Hansen
Notary Public, residing at Weiser
My commission expires 1-10-44
[SEAL]

Signed Valda Campbell- Aunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Both parents deceased. Also physician
Route 1, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of January, 19 42
Fern Hansen
Notary Public, residing at Weiser, Idaho
My commission expires 1-10-44
[SEAL]

Signed Mrs Chas P. Fliegel
(Signature of any credible person other than the previous affiant.)
West Idaho St. Weiser, Idaho
(Street Address, City, State)

Received for filing on JAN 30 1942 By
(Registrar's signature)

OCT 10 1961

356-226-044-00

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev. 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68803

PLACE OF BIRTH

County of Wash

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 85 File No. .....

Primary Registration District No. 1010 Registered No. 41

FULL NAME OF CHILD Patricia Kennard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	May 26, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. J. Leonard	Clara
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Miss.	N. Dak.
OCCUPATION	Lumber Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 1st 1919 F. R. Hamilton Registrar

S-Y CO. 24696

JAN 12 1942

942

133-127-044-556

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 86 File No. 68804

Primary Registration District No. 2112 Registered No. 42

FULL NAME OF CHILD Donald Elbert Attebery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Attebery	FULL MAIDEN NAME	Flossie Newman
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Weiser Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed June 1st 1919 W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693 + V 26 [illegible]

Form V. S. No. 11—25m-1-1-13

68805

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Wash

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 86 File No. _____

Primary Registration District No. 2112 Registered No. 43

FULL NAME OF CHILD Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Male	6	Yes	May 29 1919

FATHER		MOTHER	
FULL NAME	F. Williams	FULL MAIDEN NAME	Ida Fairfield
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ore.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall M. D.
Weiser
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed June 1st 1919 W. R. Hamilton
Registrar

2-V CO. 64656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH 156-114 039-315

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68866

County of Bingham

City of American Falls Registration District No. 25 File No. 2

No. ..... St. Primary Registration District No. 25-2 Registered No. 62

Hospital St Thomas

FULL NAME OF CHILD James Harold Jeffries

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 14 1917

	FATHER	MOTHER
FULL NAME	David B. Jeffries	Mary Latham
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	Mt Pleasant Ohio	Louisville, Neb.
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Mock
(Physician or Midwife)

Address American Falls, Ida

Given names added from a supplemental report.

..... 19.....
Registrar

Filed May 15 1917 R. F. North
Registrar

563-222-039-358

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68807

County of Power

City of American Falls — Registration District No. 25 — File No. 2

No. ____ St. — Primary Registration District No. 2072 — Registered No. 63

Hospital ____

FULL NAME OF CHILD Lorine Claude Vollmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Fem		yes	May 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Vollmer	FULL MAIDEN NAME	Hanna Lehman
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Russia	BIRTHPLACE	Austin Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A.M. on the date above stated.

(Signature) Christian Vollmer

(Physician or midwife)

Address American Falls Ida

Filed 6/5 1919 R. L. Notto Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-122
039-22
PLACE O[redacted]

Form V. S. No. [illegible]

[redacted]ATISTICS
[redacted]IRTH

68808

County of Po[redacted]

City of Am. Falls

Registration District No. 25

File No. 2

No. ..... St.

Primary Registration District No. 2072

Registered No. 64

Hospital .....

FULL NAME OF CHILD Milton Dan Lynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton Dan Lynn	FULL MAIDEN NAME	Anna Sturdevant
RESIDENCE	American Falls Id	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neosho, Mo.	BIRTHPLACE	Neosho, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Id.

Filed 6/6 1919 R. F. Noth

Registrar

Registrar

STATE OF FLORIDA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 4 1943

MAY 4 1944

866 - [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68809

County of Power

City of American Falls Registration District No. 25 File No. 2

No. ..... St. Primary Registration District No. 2072 Registered No. 66

Hospital .....

FULL NAME OF CHILD Gottfried William Hofmeister

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 20 1919

	FATHER	MOTHER
FULL NAME	Gottfried H. Meister	Katharine Hillmeier
RESIDENCE	American Falls R.F.D.	American Falls R.F.D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Nitterberg, Germany	Bessarabia, Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. F. Mock (Physician or midwife)

Address American Falls, Idaho

Filed 6/7 1919 R. F. Mock Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-225-039-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68810

County of Power

City of American Falls — Registration District No. 25 — File No. 2

No. ..... St. — Primary Registration District No. 2072 — Registered No. 65

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			yes	May 25 1919

	FATHER	MOTHER
FULL NAME	Thomas Jasper Thornton	FULL MAIDEN NAME Cornelia Hunt
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Murtaugh Idaho	BIRTHPLACE Montpelier, Ida.
OCCUPATION	Farmer & Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 3 .. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 330 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard P Hook

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed 6/7 1919 R P Hook Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOT

866-114-039-613

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital Bethany

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

68811

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 67

FULL NAME OF CHILD Burton Read Howard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male		yes	April 14 1919

FATHER		MOTHER	
FULL NAME	John Cyrus Howard	FULL MAIDEN NAME	Mary Elizabeth Wolfer
RESIDENCE	Rockland Idaho	RESIDENCE	Rockland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Kerryville, Utah	BIRTHPLACE	Farmington, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Wolfe

(Physician or [redacted])

Address American Falls Id

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/17 1919 R F Wolfe

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1964

235-201
015-356
PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68812

County of Lewiston

City of Side Springs

No. ..... St.

Hospital .....

Registration District No. 82

File No. .....

Primary Registration District No. 2159

Registered No. 230

FULL NAME OF CHILD Emma Stoor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fr	1			yes	April 1, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matt Stoor	FULL MAIDEN NAME	Bessie Lewis
RESIDENCE	Side Springs	RESIDENCE	Side Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rucker	OCCUPATION	Wife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie Kat Lee

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Elsie Kat Lee
Registrar

Address Side Springs Idaho

Filed April 7, 1919 Elsie Kat Lee
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF BIRTH

243-122-015-846

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68813

County of Custer

City of Sun & Spring

Registration District No. 82

File No.

No. ..... St.

Primary Registration District No. 2159

Registered No. 229

Hospital

FULL NAME OF CHILD Oscar Solomon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1			yes	Mch 22, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Esther Solomon	FULL MAIDEN NAME	Mary Hoffman
RESIDENCE	Sun & Spring	RESIDENCE	Sun & Spring
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kirk Lay

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Ellis Kirk Lay
Registrar

Address Sun & Spring, Idaho

Filed Mch 30 1919 Ellis Kirk Lay
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-119-015-553

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68814

County of Carbon

City of Soda Springs

Registration District No. 82

File No.

No. St.

Primary Registration District No. 2159

Registered No. 228

Hospital

FULL NAME OF CHILD William Dawn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1		Yes	Mch 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glenn Davis	FULL MAIDEN NAME	Harriet Nelson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kark Lay

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19

Ellis Kark Lay
Registrar

Address Soda Springs Idaho

Filed Mch 3 1919

Ellis Kark Lay
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797-111-015-445

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68815

County of Caribou

City of Sode Springs

No. ..... St.

Hospital .....

Registration District No. 82

Primary Registration District No. 2159

File No. .....

Registered No. 227

FULL NAME OF CHILD Lunnedine Pipes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1			yes	Mch 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexa Pipes	FULL MAIDEN NAME	Clara Dunbeck
RESIDENCE	Sode Springs, Idaho	RESIDENCE	Sode Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kirk Lyons

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kirk Lyons
Registrar

Address Sode Springs, Idaho

Filed Mch 30, 1919

Eric Kirk Lyons
Registrar

MARGIN RESERVED FOR B... ...NT RECORD

WRITE PLAINLY WITH UNFADING INK THIS IS A PE...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-103-003-345

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68818

County of Bonn C.

City of Way

No. ..... St.

Hospital .....

Registration District No. 82 File No. .....

Primary Registration District No. 2159 Registered No. 231

FULL NAME OF CHILD David Drubeck

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1		yes	April 3, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Drubeck	FULL MAIDEN NAME	Bessie Lowe
RESIDENCE	Wayne Idaho	RESIDENCE	Wayne Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nec
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kasey

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Ellis Kasey
Registrar

Address Smith Springs Id

Filed April 4, 1919 Ellis Kasey
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-109-015-554 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **68819**

County of Lawrence

City of Sade Springs

No. ..... St.

Hospital .....

Registration District No. 82 File No. .....

Primary Registration District No. 2159 Registered No. 233

FULL NAME OF CHILD Ellis Mantrose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	yes	May 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis Mantrose	FULL MAIDEN NAME	Ellis Eldridge
RESIDENCE	Sade Springs	RESIDENCE	Sade Springs
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kane Ley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Ellis Kane Ley
Registrar

Address Sade Springs Idaho

Filed May 31 1917 Ellis Kane Ley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3/27/72

517-207-015-269

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68820
Local Reg. No.
Reg. Dist. No. 82

1. PLACE OF BIRTH
a. COUNTY: Caribou
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Alice
c. (Last): Nagy

4. SEX: Fe
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) May (Day) 7, (Year) 1919

FATHER OF CHILD

060 P

7. FULL NAME
a. (First): Joseph
b. (Middle):
c. (Last): Nagy

8. AGE (At time of this birth): 29 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Austria
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lois
b. (Middle): E.
c. (Last): Sorensen

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Soda Springs, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.:
22. REGISTRAR'S SIGNATURE: Ellis Kacley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS FEB 7 1972 PM

State of New York
County of Broome } ss.

Certificate No. 68820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Naggy (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Genealogy record (Bible Record, Insurance Policy, Etc.) prepared on 7/5/63 & 5/30/62 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Joseph Naggy	Mary Alice Nagy
Father's name	Joseph Naggy	Joseph Nagy
Mother's name	E. Sorensen	Lois Eleane Sorensen
Date of birth	May 8, 1919	May 7, 1919

Subscribed and sworn to before me this 1st day of February, 1972

Notary Public, residing at Kirkwood, N.Y.
My commission expires 3/30/72
(Seal)

Signed Lois E. Nagy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/25/72 nm

Page from genealogy record of family gives name as Mary Alice Nagy born May 7, 1919. Father's name given as Joseph Nagy and mother's given as Lois Nagy. Viewed by V. S.

Certificate of Baptism and Confirmation dated May 30, 1962 gives name as Mary Alice White daughter of Joseph Nagy and Lois Eileen Sorensen. Born May 7, 1919 at Soda Springs, Idaho. Was Baptized May 27, 1962 and Comfmd. May 27, 1962. Viewed by VS

Birth Certificate from LDS Church for Lois Eleane Sorensen daughter of Chisten Sorensen and Alice Rosile Tippets. Born Dec. 29, 1995. Entered on to record Nov. 6, 1904. Viewed by V. S.

415-115-015-142

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68821

County of Caribou

City of Sweet Spring

No. ..... St.

Hospital .....

Registration District No. 82

Primary Registration District No. 2159

File No. .....

Registered No. 239

FULL NAME OF CHILD John Dorsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	April 15, 1919

FATHER		MOTHER	
FULL NAME	Jerry Dorsey	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	Sweet Spring	RESIDENCE	Sweet Spring
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Va
OCCUPATION	Blacksmith	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sweet Spring, Idaho

Ellis Kaley
Registrar

Filed April 20, 1919 Ellis Kaley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-101-015-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Sode Springs

Registration District No. 82

File No. 68823

No. ..... St.

Primary Registration District No. 2159

Registered No. 237

Hospital .....

FULL NAME OF CHILD David Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	April 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Johnson	FULL MAIDEN NAME	Adelia Spencer
RESIDENCE	Sode Springs	RESIDENCE	Sode Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Cooper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eleanor Lee

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sode Springs Ida

..... Registrar

Filed April 30, 1919 Eleanor Kasi Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF [illegible]
BUREAU OF VITAL [illegible]

CERTIFICATE OF BIRTH

(If born in hospital or institution give name.) Prim. Registration District No. 2159 Local Registrar's No. 256

2. FULL NAME OF CHILD Ruby Kesler

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Mar. 26, 1919 (Month, Day, Year)

FATHER

9. Full name: Edward James Kesler

10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City, UTAH

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Mary Gunnell

19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Central, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 AMm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Ellis Rackley, M. D.

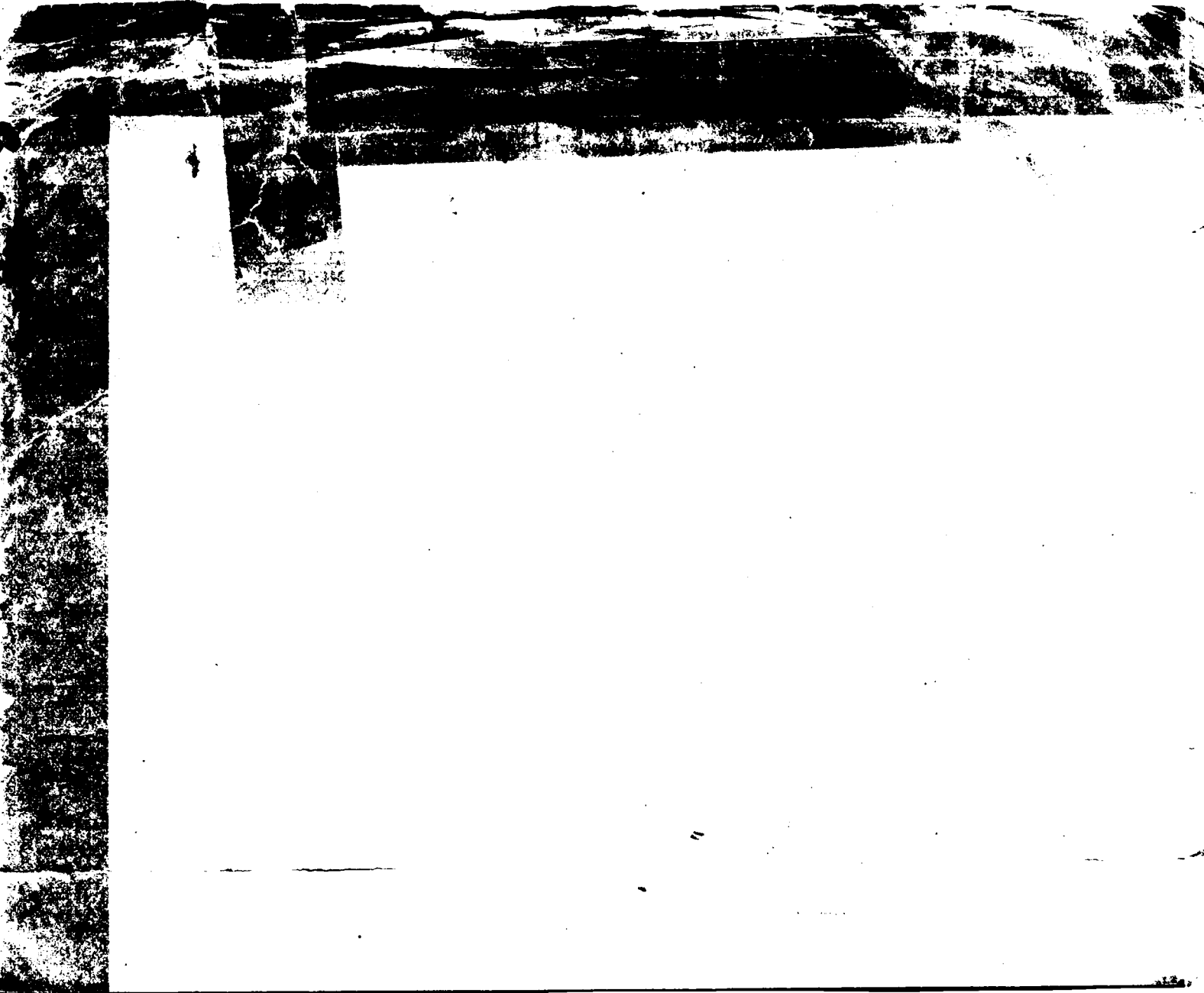
or ....., Midwife

Address Soda Springs, Idaho

Filed March 31 1919 Ellis Rackley

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth



815-111-015-289

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lambert

City of Sidd Springs

No. ..... St.

Hospital .....

Registration District No. 82 File No. 68825

Primary Registration District No. 2159 Registered No. 235

FULL NAME OF CHILD Nerve Hornby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	— /		—	yes	May 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nerve Hornby	FULL MAIDEN NAME	June Byron
RESIDENCE	Sidd Springs	RESIDENCE	Sidd Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher & Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie Kerr Lee

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Elsie Kerr Lee
Registrar

Address Sidd Springs Ida

Filed May 30 1919 Elsie Kerr
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Sick Springs

Registration District No. 82

File No. 68827

No. ..... St.

Primary Registration District No. 2159

Registered No. 240

Hospital .....

FULL NAME OF CHILD Melissa Fryer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	May 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles W. Fryer	FULL MAIDEN NAME	Edna Enlund
RESIDENCE	Sick Springs	RESIDENCE	Sick Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Finland
OCCUPATION	Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elias Kaskey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Elias Kaskey
Registrar

Address Sick Springs Idaho

Filed May 31 1919

Elias Kaskey
Registrar

252-217-015-997

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68828

County of Caribou

City of Sidi Spring

No. ..... St.

Hospital .....

Registration District No. 82 File No. .....

Primary Registration District No. 2159 Registered No. 241

FULL NAME OF CHILD Lavinia Kessler

Sex of Child	Twin Triplet— or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	Yes	Mch 17 1919

FATHER		MOTHER	
FULL NAME	Orvy Kessler	FULL MAIDEN NAME	Maud Rigge
RESIDENCE	Alexander, Idaho	RESIDENCE	Alexander, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kessler

(Physician or midwife)

Given names added from a supplemental report.

Eric Kessler 19

Registrar

Address Sidi Spring, Idaho

Filed May 4 1919 Eric Kessler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-110-015-644

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canberra

City of Sade Springs

No. ..... St.

Hospital .....

Registration District No. 82

File No. 68829

Primary Registration District No. 2159

Registered No. 234

FULL NAME OF CHILD Orrin Childs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	yes	May 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orrin Childs	FULL MAIDEN NAME	Margaret Turner
RESIDENCE	Gnc. Idh	RESIDENCE	Gnc
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rnch	OCCUPATION	Wif

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kurt Lyn

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sade Springs Idh

Eric Kurt Lyn
Registrar

Filed May 31 1919 Eric Kurt Lyn
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-107
1029-168

PLACE OF BIRTH [redacted] V. S. No. 11-C-[redacted]-8-17

68830

County of Tala[redacted]

City of Avon R1 Registration District No. 2147 File No. 4

No. ..... St. Primary Registration District No. 67 Registered No. 40

Hospital .....

FULL NAME OF CHILD Axel Eugene Osterberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	May 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel Osterberg	FULL MAIDEN NAME	Helen Johnson
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Bell Brannon
midwife
(Physician or midwife)

Given names added from a supplemental report.

May 14 1919 Address Avon R.1.

R. C. Faust Registrar

Filed 5/14/19 R. C. Faust Registrar

[redacted]

JAN 23 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
(CERTIFICATE OF DEATH)

417-102-03[illegible]-35[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-B—Rev. 38-37

Registration District No. 2147

Primary Registration District No. 67

File No. 68891

Registered No. 41

FULL NAME OF CHILD .....

Sex of Child M.

Twin, Triplet or other? (To be answered only in event of plural births) V and Number in order of birth V

Legitimate? Yes

Date of Birth May 29 19 (Month) (Day) (Year)

FATHER

FULL NAME Martin Magnusson

RESIDENCE Helmer

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lena Nelson

RESIDENCE Helmer

COLOR W. AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Wis

OCCUPATION H.W.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Stanek

Physician

(Physician or midwife)

Given names added from a supplemental report.

May 22 1919

Address Deary

P. E. Stanek
Registrar

Filed 5/22 1919

P. E. Stanek
Registrar

MAGNUSON

219-220-029-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2Mm-8-8-1

PLACE OF BIRTH

County of Latah

City of Troy R. 2

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68832

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 42

FULL NAME OF CHILD Hazel Mae Bailey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	May 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank J. Bailey	FULL MAIDEN NAME	Lydia Brown
RESIDENCE	Troy R. 2	RESIDENCE	Troy R. 2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

May 22 1919 Address Deary

P. C. Faust Registrar

Filed 5/22 1919 P. C. Faust Registrar

683-226-025-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

68893

Registration District No. 2147

File No. 4

Primary Registration District No. 67

Registered No. 43

FULL NAME OF CHILD Iris Ellen Wylie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		2	Yes	March 26 19

FATHER		MOTHER	
FULL NAME	Sidney Wylie	FULL MAIDEN NAME	Edith Hambly
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Garnett

(Physician or midwife)

Given names added from a supplemental report.

6-3 19 19 Address Deary

P. C. Garnett Registrar

Filed 6-3 19 19

P. C. Garnett Registrar

[illegible]
[illegible]
[illegible]

386-102-029-281

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

68834

Registration District No. 2147 File No. 4

Primary Registration District No. 67 Registered No. 44

FULL NAME OF CHILD Notley Gerald Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	June 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry D. Thompson	FULL MAIDEN NAME	Lucinda Shaw
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Hotel Prop.	OCCUPATION	HW.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

6-5 1919 Address Deary

P. C. Faust Registrar

Filed 6-5 1919 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy Issued Feb. 27, 1942. B.W.

JAN 25 1971

553-110-029-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy P.2

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 2-C-Rev.1942

68835

Registration District No. 2147

File No. 4

Primary Registration District No. 67

Registered No. 39

FULL NAME OF CHILD Leonard Rudolph Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			1	Yes	5-10-19

	FATHER	MOTHER
FULL NAME	Leonard F. Nelson	FULL MAIDEN NAME Helga F. Martinson
RESIDENCE	Troy P.2.	RESIDENCE Troy P.2.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Mich.	BIRTHPLACE Ida.
OCCUPATION	farmer	OCCUPATION H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Faust

(Physician or midwife)

Given names added from a supplemental report.

5-10 19 Address Deary

P. E. Faust. Filed 5-10 19 P. E. Faust

Registrar Registrar

543-205-025-412

[redacted]

PLACE OF BIRTH

County of Idaho

City of Kenteroille

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

Registration District No. 105

File No. 68836

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Dorothy Henretta Catherine Ruttmann

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 5 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry H Ruttmann	Minnie Elizth Dasenbrock
RESIDENCE	Kenteroille Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Germany	Ill.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:35 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 6 1919

H B Blake

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1953

1945

214-164-0[illegible]6-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible] 8-8-17

68837

Registration District No. 105 File No. 32

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Norbert Aloysius Kaufmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 14th 19[illegible]9

FATHER

FULL NAME Frank J. Kaufmann

RESIDENCE Cottonwood Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Gertrude [illegible]

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 12 45 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M D

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 17 1919

H B Blake

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 68837
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Norbert Aloysius (Name on original certificate) who was born (Was born or died) on May 15, 1919 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
date of birth	May 15, 1919	May 14, 1919

Subscribed and sworn to before me this 18
day of June, 1942

Signed Clara G. Kaufmann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lewiston Ida.

My commission expires 6-21-45

602-9 St. Lewiston, Ida.
(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of June, 1942

Signed Elizabeth Kaufman
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Lewiston, Ida

407-30 St. Lewiston, Ida.
(Street Address, City, State)

My commission expires 6-21-45

[SEAL]

Received for filing on JUN 22 1942 By
(Registrar's signature)

JUN 2 4 1942

653-116-025-267

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

68838

Registration District No. 105

File No. 33

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD George Enoch Welte

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 16 1919

FATHER		MOTHER	
FULL NAME	Jacob Henry Welte	FULL MAIDEN NAME	Cecilia Elenora Kopczynski
RESIDENCE	Cottonwood Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 15a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Burke M.D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 18 19 19

H B Burke Registrar

279-218-025-412

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

68839

Registration District No. 105

File No. 34

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Mary Louisa Sprute

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 18 19

FATHER		MOTHER	
FULL NAME	Kasper Sprute	FULL MAIDEN NAME	Clara Anna Dasenbrock
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 15 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Bowers M.D.
(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 2, 1919

H Bowers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

155-127-025-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

68840

Registration District No. 105 File No. 35

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 24 1919

FATHER		MOTHER	
FULL NAME	Jacob Jensen	FULL MAIDEN NAME	Katherina Josephine Bormann
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2.35 p. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Burke M.D.

(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 28 1919 H B Burke Registrar

759-225-025-762

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

68841

Registration District No. 105 File No. 36

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Anna Mary Geis

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: May 29 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Michel Geis

RESIDENCE: Cottonwood Idaho

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Mary Poxleitner

RESIDENCE: Same

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Wis.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 15 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Blake M.D.

(Physician or midwife)

Address Cottonwood, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 31 1919

H W Blake
Registrar

JAN 2 8 19

545-114-025-914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68842

County of Idaho

City of Kenterville

Registration District No. 105 File No. 37

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD Leo Anthony Paul Eneking

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Eneking	FULL MAIDEN NAME	Ida Rad
RESIDENCE	Kenterville	RESIDENCE	Kenterville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 a. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Idaho

Filed May 31 1919 H B Blake

Registrar Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

419-228-025-99[redacted]

Form V. S. No. 11-C—25m-1-1-18

68843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Timona

No. — St.

Hospital —

Registration District No. 105 File No. 38

Primary Registration District No. 2183 Registered No. —

FULL NAME OF CHILD Caroline Marie Martzen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	April 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Martzen	FULL MAIDEN NAME	Katherine Riesar
RESIDENCE	Timona	RESIDENCE	Timona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Idaho

Filed May 31 1919 H B Blake

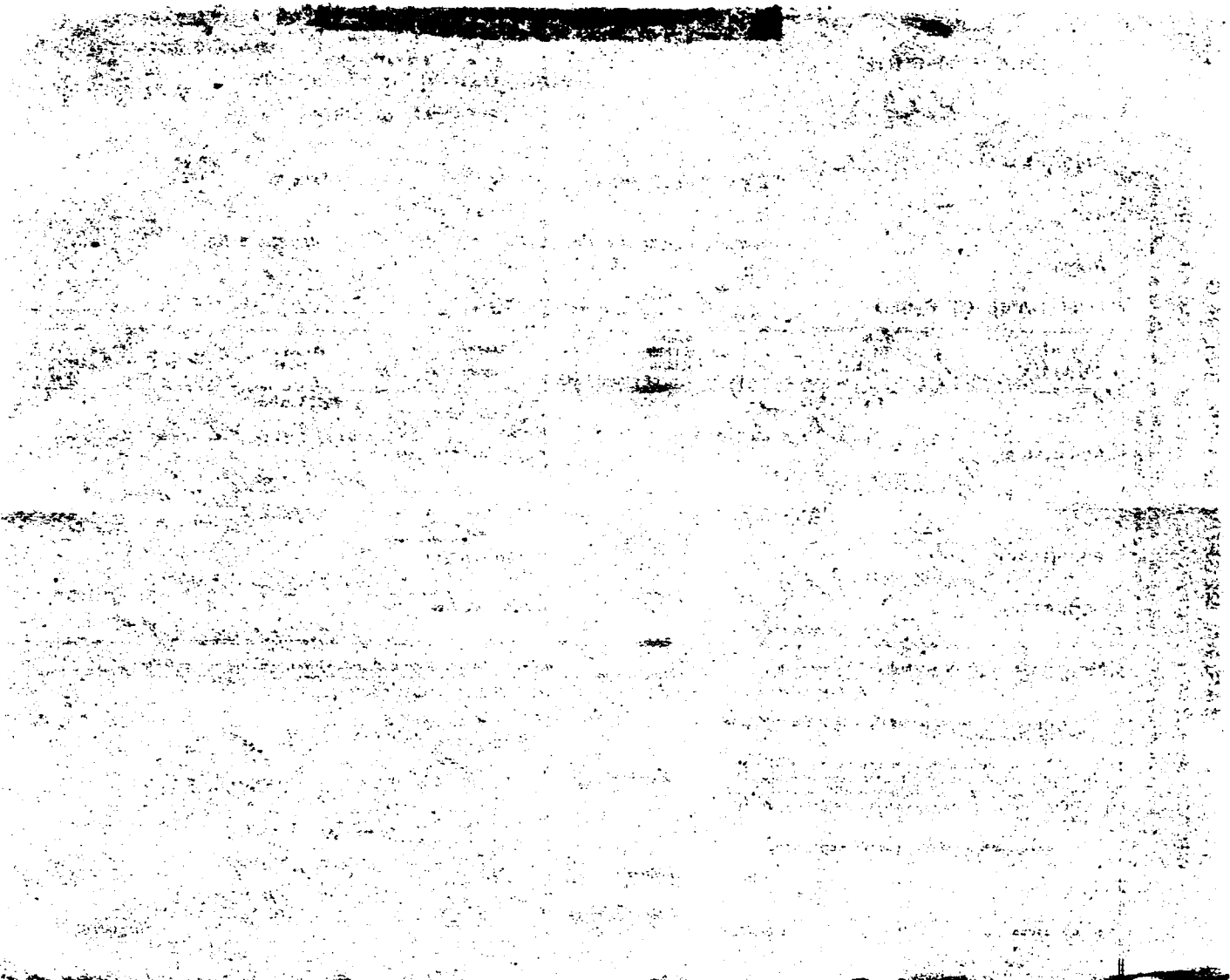
Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



458-230-025-365 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Fenn Ida.

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68844

Registration District No. 105 File No. 39

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD EVALYN DOROTHY Evelyn Frances Meyer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	April 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	France Meyer	FULL MAIDEN NAME	Melissa Conant
RESIDENCE	Fenn	RESIDENCE	Fenn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Mont.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A.M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Cottonwood Ida.

Filed May 31 1919 H B Blake
Registrar

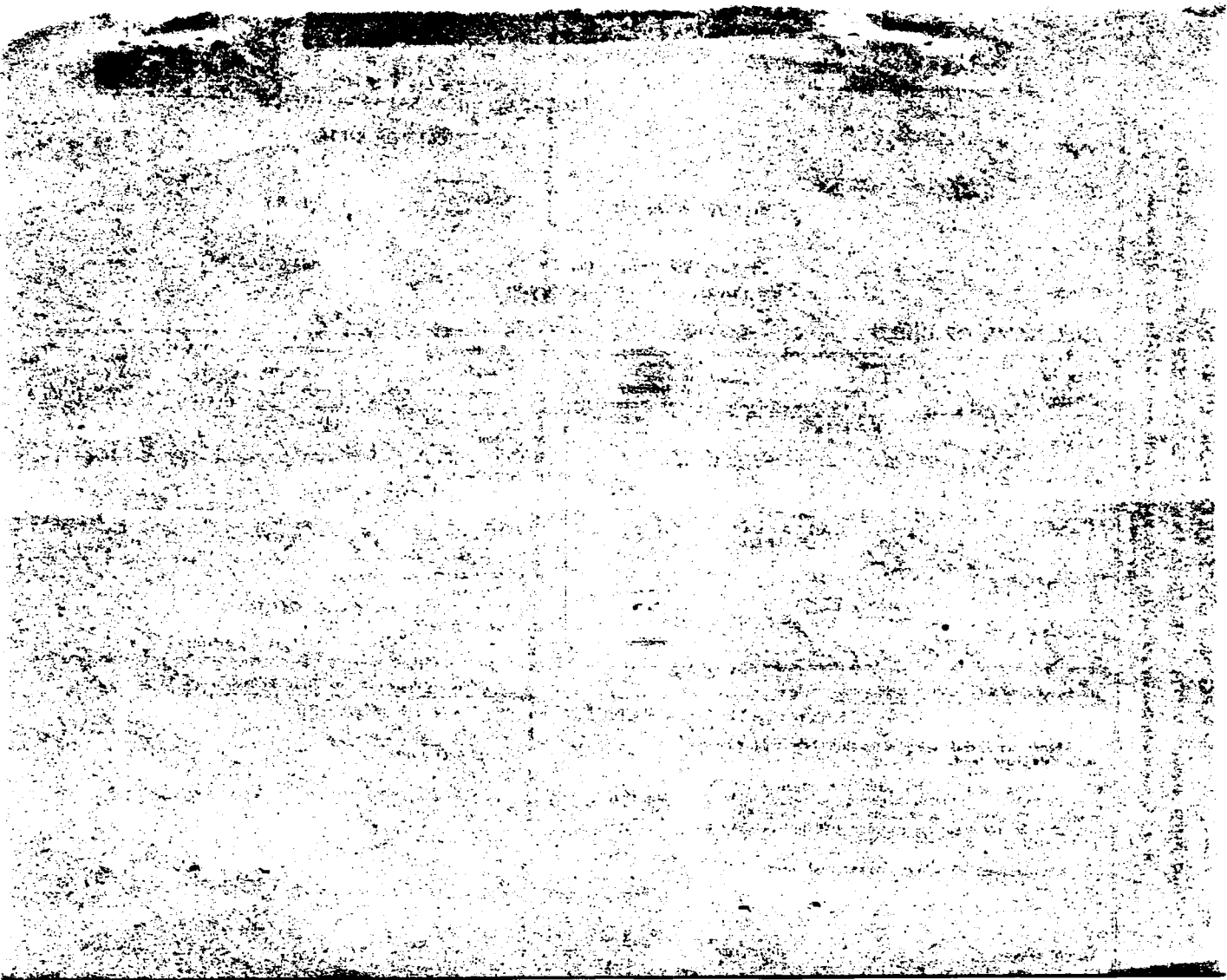
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



NOV 19 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 68844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Evelyn Frances Meyer who was born on April 30, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Jerm, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church & school record prepared on May 1919 and Sept. 1926, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Evelyn Frances	Evalyn Dorothy Meyer

Subscribed and sworn to before me this 16th day of November, 1942.

Notary Public, residing at Draugerille, Idaho

My commission expires March 12-1946
(Seal)

Signed Frances H. Meyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerm, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 1942.

Notary Public, residing at Draugerille, Idaho

My commission expires March 12-1946
(Seal)

Signed Adelaide Lanning Lane
(Signature of Any Credible Person Other Than Previous Year)

Draugerille, Idaho.
(Street Address, City, State)

NOV 21 1942

193-205-025-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68845

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 40

No. — St.

Primary Registration District No. 2183 Registered No.

Hospital —

FULL NAME OF CHILD Mary Anna Aichlmayr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	May 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Aichlmayr	FULL MAIDEN NAME	Mary Shere
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho,

Filed May 31 1919 H B Blake
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-211-025-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68846

County of Idaho

City of Cottonwood

No. — St.

Hospital

Registration District No. 105 File No. 41

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Hilma Cecilia Kelsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. H. Kelsey	FULL MAIDEN NAME	Antonia Bruegeman
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wesley F. Ore

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Idaho

Filed May 31 1919 H B Blake

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1945

749-119-025-419

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68847

County of Idaho

City of Fenn

No. — *St.*

Hospital —

Registration District No. 105 **File No.** 42

Primary Registration District No. 2183 **Registered No.**

FULL NAME OF CHILD Wallace E Purcell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Purcell	FULL MAIDEN NAME	Bluebell Dazey
RESIDENCE	Fenn Ida.	RESIDENCE	Fenn Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan.	BIRTHPLACE	Oklahoma.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho.

Filed May 31 1919 H B Blake

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-227-041-615

PLACE OF BIRTH

Amended March 30, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Registration District No. 77 File No. 68848

Hospital ..... Primary Registration District No. 2176 Registered No. 22

FULL NAME OF CHILD Daisy Geneva Fitzgerald
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	1	yes	April 23 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 ... Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Henry Fitzgerald	FULL MAIDEN NAME: Anna Warcaster
RESIDENCE: Tetonia	RESIDENCE: Tetonia
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: N. Carolina
OCCUPATION: Laborer O.S.L. R.R.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammel

Midwife
(Physician or midwife)

Address Tetonia, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 6-3 192 19 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Biptismal Cert., gives date of birth as April 23, 1919, baptized July 6, 1930, date issued Dec. 9, 1958, by L.D.S. Church, viewed by VS; Marriage Cert.,dated Nov.29, 1934, Ada Co., gives name as Daisy Geneva Fitzgerald, viewed by V.S.;Social Security card; 518-24-7529, gives name as Daisy Geneva Oliver

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68849

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Fitzgerald (Name on Original Certificate) who was born (Was Born or Died) on Mar. 23, 1919 (Date of Event) in Tetonia, Teton Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Statement from St. Alphonsus Hospital, entered April 15, 1952, issued March 30/59 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are: gives date of birth as April 23, 1919; viewed by V.S.:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Baby Fitzgerald	Daisy Geneva Fitzgerald
date of birth	Mar. 23, 1919	Apr. 23, 1919

Subscribed and sworn to before me this 30 day of March, 19 59.

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Dolly V. Oliver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1817 Denver St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

683-223-041-619

PLACE OF BIRTH

Amended March 30, 1959

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 68849

Primary Registration District No. 2176 Registered No. 23

FULL NAME OF CHILD Dolly Virginia Fitzgerald
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	2	yes	April 23 19 192

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Henry Fitzgerald	FULL MAIDEN NAME	Anna Warcaster
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Virginia	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer O.S.L. R.R.	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Caroline Rammel

Midwife
(Physician or midwife)

Address Tetonia, Idaho

Filed 6-3- 19 192 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Bapismal cert., gives date of birth as April 23, 1919, baptized July 6, 1930, date issued Dec. 3, 1958, by L.D.S.church, viewed by V.S.; Own child's birth cert.435070, Social Security account IDAHO STATE BOARD OF HEALTH gives name as Dolly number card 518-16-0180, DIVISION OF VITAL STATISTICS Virginia Fitzgerald, viewed gives name as Dolly Virginia Fitzgerald, viewed by V.S. by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 68849

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Fitzgerald (Name on Original Certificate) who was born (Was Born or Died) on Mar. 23, 1919 (Date of Event) in Teton Co, Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Idaho Driver's license, gives date of birth as 4/23/19, viewed by VS #335260 (Bible Record, Insurance Policy, Etc.) prepared on 7/9/57 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Baby Fitzgerald	Dolly Virginia Fitzgerald
date of birth	Mar. 23, 1919	April 23, 1919

Subscribed and sworn to before me this 30 day of March, 1959

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept. 28, 1960
(Seal)

Signed Daisy G. Oliver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6197 Wash.
(Street Address, City, State)
Emmett, Ida.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

1 COPY PAID

219-224-041-168

PLACE OF BIRTH name added 11-22-83 dl

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68852

County of Teton

City of Victor

No. _____ St.

Hospital _____

Registration District No. 77 File No. 33

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Leah Winona Barker

SEX OF CHILD: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: May 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas H. Barker	FULL MAIDEN NAME	Ruth V Johnson
RESIDENCE	Victor	RESIDENCE	Utah
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N Leroy Smith
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Driggs

Registrar

Filed 6-3-1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 21 2 55 PM '83

State of Idaho
County of Teton } ss.

Certificate No. 68852
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barker (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1919 (Date of Event)

in Victor (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Leah Winona Barker
		~~Leah Barker~~

Subscribed and sworn to before me this 10 day of November, 19 83.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Bertha Barker Murdock
Signature of Applicant

x Rt 2 Box 1260 Driggs Ida 83422
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Family Bible gives Leah Winona Barker born May 24, 1919 was blessed July 6, 1919. Viewed by V.S.

NOV 2 2 1983

Baptism Record gives Leah Winona Barker born May 24, 1919 was baptised in LDS Church Sept 3, 1927. Viewed by V.S.

Insurance Policy from New York Life gives Leah W Barker born in Idaho on May 24, 1919 . Policy dateMarch 10, 1940. Viewed by V.S.

434-222-041-331

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

STATE [redacted]
BUREAU OF V[redacted]TICS
CERTIFICAT[redacted] 68[redacted]

Registration District No. 77 File No. 32

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Afton McDonald

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH May (Month) 22 (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Ed. McDonald	FULL MAIDEN NAME	Myrle Clayburn
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Registrar

Filed 6-3-1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS NOV 20 12 30 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68853

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McDonald (female) (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1919 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 19, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed McDonald	Afton McDonald

Subscribed and sworn to before me this 14th day of November, 1973

Ora H. Todd

Notary Public, residing at Bountiful, Utah

My commission expires January 9, 1974

(Seal)

Signed Marion F. Thorpe (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

101 West 1400 So Bountiful, Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 1973

Ora H. Todd

Notary Public, residing at Bountiful Utah

My commission expires Jan. 9, 1974

(Seal)

Signed Alice R. Hepworth (Signature of Any Credible Person)

52 East No. Centerville, Utah (Street Address, City, State)

FORM DH 60-155

CL 11/8/73

From the State of Utah Board of Education a Elementary First Class Certificate gives name a: Afton McDonald. dated July 3, 1941. Viewed by V. S.

DEC 6 1973

Certif. of Marriage from Utah gives groom's name as Morris Farnsworth Swapp and the bride's name as Afton McDonald. ~~dx~~dated June 19, 1946. Viewed by VS

866-120
041-644

PLACE OF BIR[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68854

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 77 File No. 31

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Ralph Wade Rowe

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	May 20 19 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Rowe	Minnie Wade
RESIDENCE	Tetonia	Tetonia
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Montana	Idaho
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn), at 7:30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Leroy Smith

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs

Filed 6-3- 1919 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 3 194

442-16-041-987

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO — Form V. S. No. 11—25m-6-15-18
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68[illegible]5

Registration District No. 77 File No. 30

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Blake Dustin

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	May 18 19

FATHER		MOTHER	
FULL NAME	Monroe Dustin	FULL MAIDEN NAME	Martha Richlinger
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Lisonbee M.D.

Physician

(Physician or midwife)

Address Driggs

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-3-19 19 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-208
041-251

[redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68856
99

County of Teton

City of Tetonia

Registration District No. 77

File No.

No. ..... St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Baby Dunn Mary Edna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 8 1919

FATHER		MOTHER	
FULL NAME	Albert B. Dunn	FULL MAIDEN NAME	Liddy Beard
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mississippi	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife
(Physician or midwife)

Address Tetonia Ida.

Given names added from a supplemental report.

..... 19.....

Filed 6-3- 1919 Martha Marker
Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1953

25-9-206-041-719

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68857

Registration District No. 77 File No. 28

Primary Registration District No. 2176 Registered No. _____

Full Name of Child _____

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: May 4 (Month) (Day) (Year)	
FATHER			**MOTHER**	
FULL NAME: A Geiger			FULL MAIDEN NAME: Edna Parsons	
RESIDENCE: Victor			RESIDENCE: Victor	
COLOR: W	AGE AT LAST BIRTHDAY: 41 (Years)		COLOR: W	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah			BIRTHPLACE: Utah	
OCCUPATION: Farmer			OCCUPATION: HW	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 3:05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Driggs

Filed Apr 2nd 1919 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-230-041-245

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68858

County of Bettigo

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 77 File No. 27

Primary Registration District No. 2177 Registered No. _____

Full Name of Child Maude Killpack

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Apr 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. R. Killpack	FULL MAIDEN NAME	Lulu Bunnel
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leroy Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Driggs

Registrar

Filed Apr 3rd 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-D74-432

362-217-041-843

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68859

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 77

File No. 36

Primary Registration District No. 2176

Registered No. _____

Full Name of Child Ruby Coburn

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Apr. 17, 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick A. Coburn	FULL MAIDEN NAME	Mary Hulet
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arizona
OCCUPATION	Stockraiser	OCCUPATION	Housesork

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Driggs

Registrar

Filed April 3rd 1919 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 13 1970

DECEASED

815 - 115 - 041 - 269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Clawson

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68860

Registration District No. 77 File No. 25

Primary Registration District No. 2176 Registered No. _____

Full Name of Child Alden Grant Hansen

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Apr 15 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Hansen	FULL MAIDEN NAME	Betty Iverson
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer Stockraiser	OCCUPATION	H W

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Leroy Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address Driggs.

_____ Registrar

Filed 6-3- 1919 Martha Marker
Registrar

JUL 19 1983

543-115-041-693

Amended 8-20-62 (Be sure the information is complete and accurate)

State File No. 68861

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 77

1. PLACE OF BIRTH

a. COUNTY: Teton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Teton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Wilson b. (Middle): Dio c. (Last): Edlefsen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Apr. (Day) 15, (Year) 1919

FATHER OF CHILD

7. FULL NAME a. (First): Marion b. (Middle): c. (Last): Edlefsen

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Teamster

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mabel b. (Middle): c. (Last): Wilson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: W. Leroy Smith

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Driggs, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 6-3-1919

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

Evidence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of Alameda }

Certificate No. 68861

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Edlefsen (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1919 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Copy of Genealogy Report By Mary Jane Prince (Bible Record, Insurance Policy, Etc.) prepared on June 8, 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilson Dio Edlefsen
Child's Sex	Female	Male
Mother's Maiden Name	Mable Wilson	Mabel Wilson

Subscribed and sworn to before me this 7th day of June, 1962

Dorothy E. Wolf

Notary Public, residing at OAKLAND, CALIF

My commission expires June 17, 1962

(Seal)

Signed Marion Edlefsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

206 Brush St. Oakland 13 Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ALAMEDA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1962

Kathryn T. Collins

Kathryn T. Collins

Notary Public, residing at Oakland, California

My commission expires January 27, 1965

(Seal)

Signed Kristine Call

(Signature of Credible Person)

2049 8th Avenue, Oakland, Calif.

(Street Address, City, State)

FORM DH 60-155 CL 5-31-62. mm 2copies pd. rec. #13609.

Page from Family Record Book gives full name of father as Marion Edlefsen, born Oct. 4, 1893 at Clawson, Idaho- married Mabel Leona Wilson born Dec. 2, 1893 at Cansas - one child's full name is given as Wilson Dio Edlefsen, born April 15, 1919 at Driggs, Idaho - viewed by V.S.

Military Honorable Discharge Papers, U. S. Army, dated Nov. 20, 1942, gives full name as Wilson D. Edlefsen, male, born in Driggs, Idaho, age at time of enlistment 23 3/12 years - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #100546 gives full maiden name of mother as Mabel Wilson - viewed by V.S.

Social Security Card, #545-12-9741 gives full name as Wilson Dio Edlefsen - viewed by V.S.

394-229-005-115

last name amend
4-10-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68862

County of Benewah

City of St. Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 20

Hospital at Home

FULL NAME OF CHILD Solang Martha Truen

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 (Month) 29 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Andrew Truen	FULL MAIDEN NAME Karen Larsen
RESIDENCE St Maries Ida.	RESIDENCE St Maries
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Day Laborer	OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on 4/29/19, at 10-A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Allen D.O. D.P.M.

Physician

(Physician or Midwife)

Address St. Maries Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed May 14 1919 H. E. Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1954
OCT 1 3 1954

1-23-84

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 10 1984

State of _____ } ss.
County of _____

Bureau of Vital Statistics

Certificate No. 68862
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Solang Martha Truin (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 29, 1919 (Date of Event)

in St. Maries (Benewah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Truin	Truen
fathers last name	Truin	Truen
mothers maiden name	Truin	Haugen

Subscribed and sworn to before me this 24TH day of March, 1984.
Notary Public Lawrence R. Bruteik
Residing at St. Maries, Idaho
My commission expires Life
(Seal)

Martha S. Mooney
Signature of Applicant
Rte. 1 Valley, Wa. 99181
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24TH day of March, 1984.
Notary Public Lawrence R. Bruteik
Residing at St Maries
My commission expires Life
(Seal)

Marie Rehnberg
Supporting Signature
2004 St Maries Ave.
Street Address, City, State
St Maries, Idaho.

lcc lbc

Certificate of Naturalization lists Andrew Truen APR 1984
Dated Jan 25, 1941. Viewed by V.S.

Baptismal Record lists Solang Martha Truen born
April 29, 1919 was baptised June 29, 1919 Viewed by V.S
Lists father as Andrew Truen and mother as Karen Truen

652-103-005-652

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68863

County of Benewah

City of St. Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No. 21

Hospital At Home

FULL NAME OF CHILD Victor Waldemar Westerfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. W. Westerfield	FULL MAIDEN NAME	Bessie Westerfield
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5/3/19 at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Allen D.O.D.P.H.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address St. Maries Ida,

19

Registrar

Filed May 14 1919 H. E. Hunt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1954

295-215-005-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68865

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 23

FULL NAME OF CHILD Cleo Genevieve Krebs.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	5/16/19

	FATHER	MOTHER
FULL NAME	Ford Krebs	FULL MAIDEN NAME Pearl Barden
RESIDENCE	St. Maries	RESIDENCE St. Maries
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years) 19
BIRTHPLACE	Canada	BIRTHPLACE Ore.
OCCUPATION	Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

(Signature) W. H. Allen D.O. D.P.H.

Physician

(Physician or midwife)

Address St. Maries Ida

Filed May 19 1919 H. E. Hunt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 68865

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Cleo G. (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 15, 1919 (DATE OF EVENT)
in St. Maries, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 15, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Cleo G.	Cleo Genevieve Krebs

Subscribed and sworn to before me this 11th
day of May, 19 42

Lorraine D. Peterson
Notary Public, residing at Spokane, Wash.
My commission expires Feb. 2nd, 1946
(SEAL)

Signed Fred W. Krebs
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1114 E. Courtland Ave., Spokane, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By
(REGISTRAR'S SIGNATURE)

437-128-005-863

PLACE OF BIRTH

County of Benewah

City of St Maries,

No. ____ St.

Hospital None

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

68866

Registration District No. 32 File No. ____

Primary Registration District No. 2049 Registered No. 24

Full Name of Child Bob T. McGillivray

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	May 28 1915

FATHER

FULL NAME Charles T. McGillivray

RESIDENCE St Maries

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Wis.

OCCUPATION Logger & Scaler

MOTHER

FULL MAIDEN NAME Elsie Hackett

RESIDENCE St. Maries

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mich.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kincaid M.D.

(Physician or midwife)

Address St Maries Ida.

Given names added from a supplemental report

..... 19....

Registrar

Filed May 30 1919 H. E. Hunt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-109-005-533

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68867

Registration District No. 32 File No. _____

Primary Registration District No. 2049 Registered No. 26

Full Name of Child [redacted] Van Hise, Harley Ose

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Mch (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Harrison Allen Van Hise	FULL MAIDEN NAME	Nellie Mae Elliott
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Lumber Worker	OCCUPATION	Hwifa

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Elonewall

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address St. Maries Idaho

Registrar

Filed June 4 1919 Bertha G. Hunt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1967

SEP 15 1970

545-108-005-364

PLACE OF BIRTH

County of Benewah

City of St Maries Ida

No. _____ St.

Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

68868

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. 27

Full Name of Child Max Emerson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes.	April 8th 1919

FATHER

FULL NAME: William Bruce Emerson

RESIDENCE: St Maries Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Republican City Neb.

OCCUPATION: Carman

MOTHER

FULL MAIDEN NAME: Paulina Helen Louthan

RESIDENCE: St Maries Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Toledo Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

(Physician ~~or Midwife~~)

Address St Maries Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 4 1919 Bertha B. Hunt Dep. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-114-005-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Form V. S. No. 11—25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68869

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 28

Full Name of Child Donald John Russell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	May 14 19

FATHER		MOTHER	
FULL NAME	Allison J. Russell	FULL MAIDEN NAME	Ida Pearl Dickle
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Florist	OCCUPATION	Huisf

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was One alive, at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Blomenwall

(Physician ~~or midwife~~)

Address St Maries

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 4 1919 Bertha R. Hunt Dep. Registrar

MAY 27 1966

154-216-005-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. _____ St.

Hospital _____

Registration District No. 32

Primary Registration District No. 2049

File No. 68870

Registered No. 2

FULL NAME OF CHILD Helen Marian Ingeborg Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 16 1919

FATHER	MOTHER
FULL NAME: Elof Anderson	FULL MAIDEN NAME: Agnes Johnson
RESIDENCE: St. Maries	RESIDENCE: St. Maries
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Filed June 4 1919 Bertha R. Hunt Dep. Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1948

395-223-005-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St.Maries — Registration District No. 32 — File No. 68871

No. ____ St. — Primary Registration District No. 2049 — Registered No. 30

Hospital ____

FULL NAME OF CHILD Merriel Creighton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 23 1919

FATHER		MOTHER	
FULL NAME	Hugh Creighton	FULL MAIDEN NAME	Mary Smith
RESIDENCE	St.Maries	RESIDENCE	St.Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Grafton, N.D.	BIRTHPLACE	LaPlata, Mo.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th — Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A.M. on the date above stated.

(Signature) A B Smith M.D.

Physician (Physician or midwife)

Address ____

Filed June 4 1919 — Bertha R. Hunt Dep. Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1952

366-123-005-795

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

[redacted]

Form V. S. No. 11—[illegible]

~~CERTIFICATE OF BIRTH~~

68872

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. 31

Full Name of Child Robert Gregory Cook

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: May (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Fulton Cook	FULL MAIDEN NAME	Florence Madge Gregory
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	West Virginia	BIRTHPLACE	New York
OCCUPATION	Lumberman	OCCUPATION	H wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address St Maries

Registrar

Filed June 4 1919 Bertha R. Hunt dep. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

UNCLASSIFIED

FEB 27 1963

MAR 16 1964

JUL 13 1972

12/23/40 L. E.

154-204-025-618

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

U. S. No. ....

CERTIFICATE OF BIRTH

68874

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 76

FULL NAME OF CHILD Louise Clara Andrew

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth First | Legitimate? yes | Date of Birth May 4 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Samuel Andrew

RESIDENCE Grangeville

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Sublet Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ruby Fay

RESIDENCE Grangeville

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Dayton Wn.

OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 11:00 A. M.

(Signature) B. Shipman

Physician (Physician or midwife)

Address Grangeville Idaho

Filed June 1 1919 H. P. Stockton Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MAR 1948

MAR 17 1948

6912 15-025-115

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68875

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 25

FULL NAME OF CHILD Leland Fredrick Fray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3rd	yes	April 15 1919

FATHER		MOTHER	
FULL NAME	Albert Fray	FULL MAIDEN NAME	Addie Jane
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salina Co. Mo.	BIRTHPLACE	Pullman Wn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 15th 1919 at 4:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman
Physician
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 1919 R. S. Stockton
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1964

JUL 30 19

168-114-025-523

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68876

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 24

FULL NAME OF CHILD William Henery Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1st (To be answered only in event of plural births)	yes	May (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George O. Johnson	FULL MAIDEN NAME	Kate Estella
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Georgeville Minn	BIRTHPLACE	St Thomas Ontario
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Idaho

Filed June 1 1919 G. S. Stockton

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

P. C. 6-20-41

NOV 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-108-025-619

PLACE OF BIRTH

Form V. S. No. M-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 68877

No. ..... St. Primary Registration District No. 2181 Registered No. 22

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		4	Yes	May 8 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar O Blakesly	FULL MAIDEN NAME	Bessie Farley
RESIDENCE	Idaho County	RESIDENCE	Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Idaho

..... Registrar

Filed June 1 1919 G. O. Stockton Registrar

914-224-025-253

PLACE OF BIRTH

amended 5/12/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 68878

No. ..... St.

Primary Registration District No. 1001

Registered No. 21

Hospital .....

FULL NAME OF CHILD Lois Esther Rauch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	May 24 1919

FATHER

FULL NAME: Geo. W. Rauch

RESIDENCE: Grangeville

COLOR: W

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Grace Pell

RESIDENCE: Grangeville

COLOR: W

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) on the date above stated, at 10-20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. S. Stockton

(Physician or midwife)

Address Grangeville Ida.

Filed June 1 19 19 G. O. Stockton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-27-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of WASH
County of SPOKANE } ss.

APR 4 3 46 PM '80

Certificate No. 68878
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Rauch (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1919 (Date of Event)

in Grangeville (Idaho) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Lois Esther Rauch

Subscribed and sworn to before me this 18th day of March, 1980

Notary Public, J. Patrick Gray
Residing at SPOKANE
My commission expires 10/82
(Seal)

✓ Gladys K. Anderson
Signature of Applicant

W. 3514 Walton Ave.
Street Address, City, State
Spokane, Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Biblerecord gives name as Lois Esther Rauch born May 24, 1919 at Grangeville, Idaho. viewe by V. s.

MAY 13 1980

Marriage recodr gives names as Oliver M. Wallace and Lois E. Rauch dated Oct 25 1944. viewed by VS

Amended 3-19-58

PLACE OF BIRTH

619-209-025-813

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 68879

Primary Registration District No. 2181 Registered No. 20

FULL NAME OF CHILD Claire I. Warden
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 9, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John S. Warden	FULL MAIDEN NAME	Erma G. Halford
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or midwife)

Address Grangeville, Idaho

Filed June 1, 1919 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 25 19[illegible]
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Idaho } ss.

Certificate No. 68879

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clara Warden (Name on Original Certificate) who born (Was Born or Died) on May 9, 1919 (Date of Event)
in Grangeville (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own child's birth cert. Calif. 1-17-50 shows full name prepared on Marriage License Calif. 9-28-46 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Clara Warden	Claire Irene Warden

shows only middle initial - vital stat.

Subscribed and sworn to before me this 22nd day of February, 19 58

Warren P. Parks
Notary Public, residing at Grangeville, Idaho
My commission expires March 19, 1959
(Seal)

Signed: Irma P. Warden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 80 - Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 19 58

Warren P. Parks
Notary Public, residing at Grangeville, Idaho
My commission expires March 19, 1959
(Seal)

Signed John S Warden
(Signature of Any Credible Person)

Rt 2 Box 80 - Grangeville, Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 2-14-58 1 copy paid

269-1 103-038-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V; [illegible]

68881

County of .....

City of ..... Registration District No. 5 File No. .....

No. ..... St. Primary Registration District No. 2009 Registered No. 45

Hospital .....

FULL NAME OF CHILD Clyde Ellsworth Swinehart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 3 1912

FATHER

FULL NAME Harry E. Swinehart

RESIDENCE Near Plymouth

COLOR W AGE AT LAST BIRTHDAY ..... 38 (Years)

BIRTHPLACE Kans.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Davis

RESIDENCE with Husband

COLOR W. AGE AT LAST BIRTHDAY ..... 34 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) on the date above stated, at 11 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson M D

(Physician or midwife)

Address Near Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 11 19 19 Wm T. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1965

FEB 9 1944

A-B-[illegible]
Please

796 - 206 - 038 - 219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-4-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68862

County of Payette

City of 4 mi East New Ply — Registration District No. 5 File No.

No. St. Primary Registration District No. 2009 Registered No. 5

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Feb 6 1919

FATHER

FULL NAME: Milo I. Goat

RESIDENCE: 4 mi E. New Plymouth

COLOR: W. AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Nebr

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Esther Barnett

RESIDENCE: With husband

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Nebr.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) Wm I. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Feb 19 19 Wm I. Drysdale
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-112-038-819

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-21-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68883

County of Payette

City of New Plymouth

Registration District No. 5 File No.

No. St.

Primary Registration District No. 2009 Registered No. 6

Hospital DONALD MARVIN LINCOLN FISHER

FULL NAME OF CHILD Lincoln Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 12 1919

FATHER		MOTHER	
FULL NAME	Fred W. Fisher	FULL MAIDEN NAME	Lydia Helen Harach
RESIDENCE	near New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dingdale M.D.

(Physician or midwife)

Address New Plymouth Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 10 1919

Wm J. Dingdale
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 68883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lincoln Fisher (Name on Original Certificate) who born (Was Born or Died) on February 12, 1919 (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lincoln Fisher	Donald Marvin Lincoln Fisher

Subscribed and sworn to before me this 25th
day of April, 1942.
Ernest Anderson
Notary Public, residing at Parma, Idaho.
My commission expires February 11, 1946
(Seal)

Signed Fred Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#2 Parma, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

APR 27 1942

APR 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-116-038-893

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68884

County of Payette

City of Smi or Nmr Plymouth — Registration District No. 5 — File No.

No. St. — Primary Registration District No. 2009 — Registered No. 7

Hospital

FULL NAME OF CHILD Richard Eetan Birdsall ~~Brookwell~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 16 1917

FATHER	MOTHER
FULL NAME Wm E. Birdsall	FULL MAIDEN NAME Dona Hill
RESIDENCE Smi or Nmr Plymouth	RESIDENCE ~~with Rockaad~~
COLOR W — AGE AT LAST BIRTHDAY 25 (Years)	COLOR W — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Mo-	BIRTHPLACE Nebr.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address Nmr Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/1 1917 — Wm J. Drysdale

Registrar

613-218-038-813

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of Mi N-New Plymouth

Registration District No. 5

File No. 68885

No. ..... St.

Primary Registration District No. 2009

Registered No. 8

Hospital .....

FULL NAME OF CHILD Ada Myrtle Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Feb 18 1919

FATHER		MOTHER	
FULL NAME	Edward Walker	FULL MAIDEN NAME	Kittie Hackett
RESIDENCE	Mi North New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo -	BIRTHPLACE	Mo -
OCCUPATION	Farmer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Feb 19 19 Wm T. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1967

219-228-038-534

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68886

County of Payette

City of Nat of New Plymouth

Registration District No. 5 File No.

No. St.

Primary Registration District No. 2009 Registered No. 9

Hospital

FULL NAME OF CHILD Kathryn Elnora Sargent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Feb 28 1919

FATHER		MOTHER	
FULL NAME	Curtis H Sargent	FULL MAIDEN NAME	Clara Eldridge
RESIDENCE	Near Fruitland Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-3 1919 Wm T. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

259-123-038-215

PLACE OF BIRTH

County of Payette

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 68887

Primary Registration District No. 1009

Registered No. 10

FULL NAME OF CHILD Lloyd Knight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 23 1919

FATHER		MOTHER	
FULL NAME	Clarence F. Knight	FULL MAIDEN NAME	Viola Ransom
RESIDENCE	New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	S. Dakota	BIRTHPLACE	Kans
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysedale M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-1 1919 Wm J. Dysedale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1942

646-224-038-312

PLACE OF BIRTH

County of Payette

City of 5 mi S. New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68888

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. 5 File No. .....

Primary Registration District No. 7010 Registered No. 11

FULL NAME OF CHILD Mary A. O'Donnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Apr 24 1919

FATHER		MOTHER	
FULL NAME	Chas. O'Donnell	FULL MAIDEN NAME	Margaret Castles
RESIDENCE	4 mi S. New Plymouth	RESIDENCE	with Husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Nebr.
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm. J. Drysdale M. D.

..... (Physician or midwife)

Address .....

Filed June 1 1919 Wm. J. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 21 1942

154-206-038-751

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68889

County of Payette

City of Twin & New Plymouth Registration District No. 5 File No.

No. St. Primary Registration District No. 2009 Registered No. 12

Hospital

FULL NAME OF CHILD Clara Reetta Anders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	May 6 1917

FATHER		MOTHER	
FULL NAME	Lyman E. Anders	FULL MAIDEN NAME	Almarene Amy Pease
RESIDENCE	Twin & New Plymouth	RESIDENCE	With husband
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address Twin & New Plymouth Ida

Given names added from a supplemental report.

19

Registrar

Filed May 19 19 Wm J. Drysdale

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-109-038-363

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68890

County of Payette

City of 4 mi W New Plymouth

Registration District No. 5

File No.

No. ..... St.

Primary Registration District No. 2009

Registered No. 13

Hospital

FULL NAME OF CHILD ~~Lee~~ Melcher Wayne L.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elbert Melcher	FULL MAIDEN NAME	Leota Lockhart
RESIDENCE	4 mi W. New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

..... 19

Filed 6-2 1919 Wm T. Drysdale

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/3/41 L. B.

912-211-023-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-1-17

CERTIFICATE OF BIRTH

County of Gem

City of 3 mi. E. Falk

No. ..... St.

Hospital .....

Registration District No. .....

File No. 68891

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
f			Yes	March 11 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Robison	FULL MAIDEN NAME	Susie Hale
RESIDENCE	3 mi E. Falk Ida.	RESIDENCE	with husband
COLOR	W	AGE AT LAST BIRTHDAY (Years)	50
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address Van Plymouth Ida

Filed ..... 19.....

Wm J. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANEN..

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for e... and the number of each, in order of birth stated.

K

DECEASED

255-120-001-437

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68893

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 2001 Registered No. .....

FULL NAME OF CHILD Roy Ferdinand Bennett

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Apr 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ferdinand E Bennett	FULL MAIDEN NAME	Viola C McGary
RESIDENCE	Star	RESIDENCE	Star
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana
OCCUPATION	Miller	OCCUPATION	H Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oliver Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Star, Idaho

Filed Apr 21 1919 Oliver Hall MD

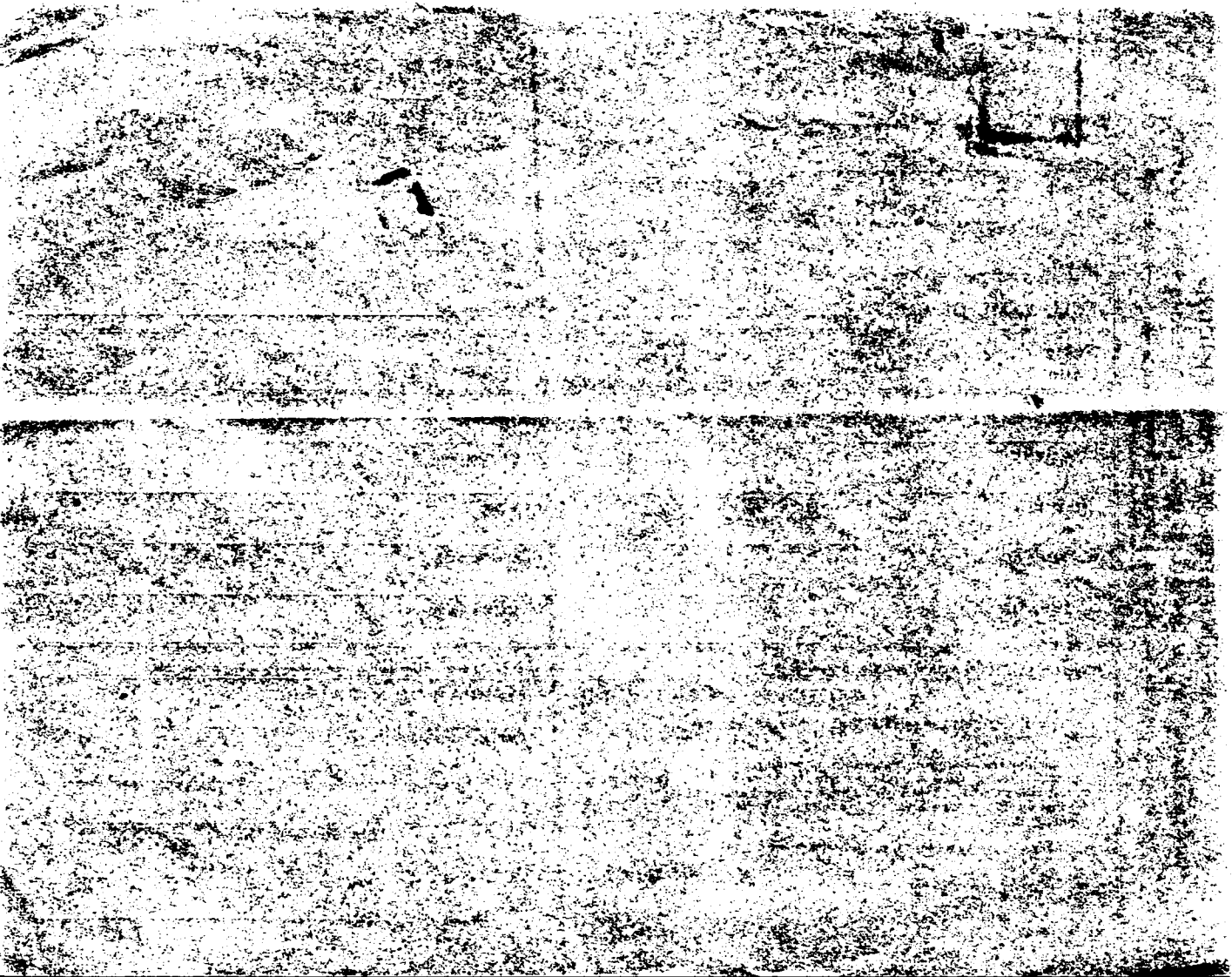
Registrar Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



89-176-001-366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Adee

City of Star

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68894

Registration District No. 9 File No. _____

Primary Registration District No. 1007 Registered No. _____

FULL NAME OF CHILD Audrey Allen Ayres

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Apr 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles R Ayres	FULL MAIDEN NAME	Mabel E Coonrad
RESIDENCE	Idaho	RESIDENCE	Star Ida
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Star - Idaho

Filed Apr 27 1919 O W Hall MD
Registrar

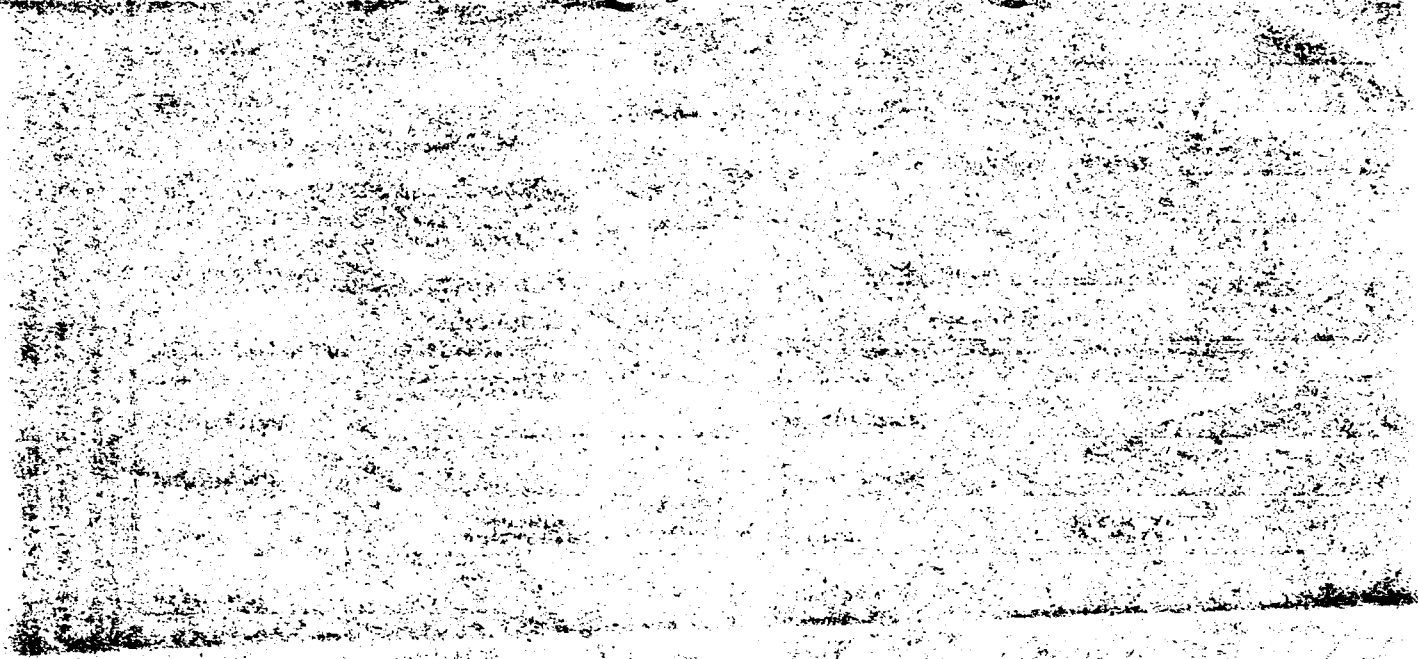
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 16 1948

847-120
014-331

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68895

County of Bayou

City of

No. St.

Hospital

Registration District No. 9

File No.

Primary Registration District No. 2001

Registered No.

FULL NAME OF CHILD CLYDE BERT HUGHES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Joseph Hughes	FULL MAIDEN NAME	Effie Florence Clarke
RESIDENCE	Middleton Ida	RESIDENCE	Middleton, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Star, Idaho

Filed June 1 1919

Registrar

Registrar

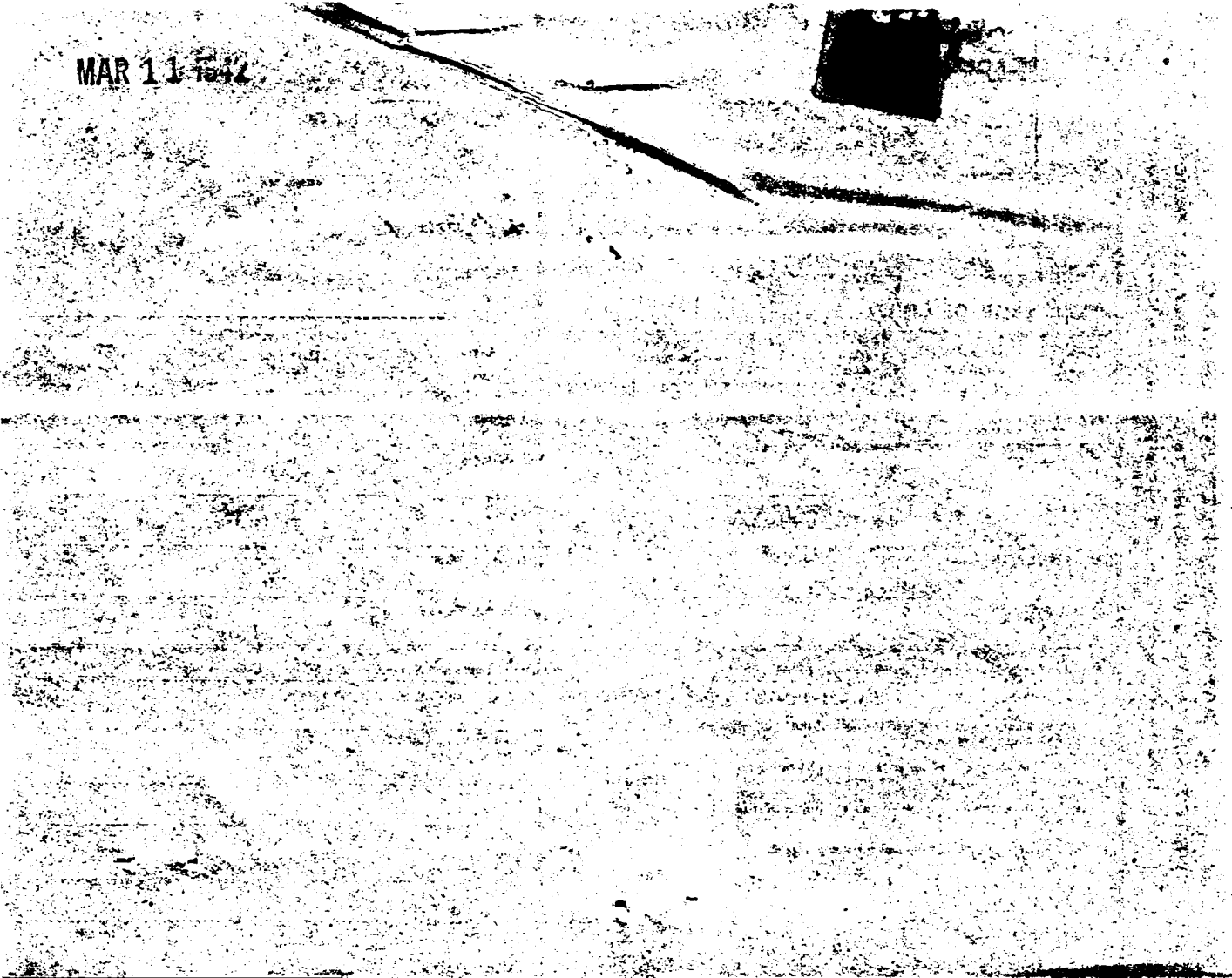
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1942



281-213-044-142

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68896

Registration District No. 9

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD LONELLA MAY SHAFFER

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 13 (Month) 9 (Day) 191 (Year)

FATHER	MOTHER
FULL NAME Thomas L Shaffer	FULL MAIDEN NAME Rozella Mashears
RESIDENCE Middleton R 7 D	RESIDENCE Middleton R 7 D
COLOR W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Keeps

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hall M D

(Physician or midwife)

Address Star, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

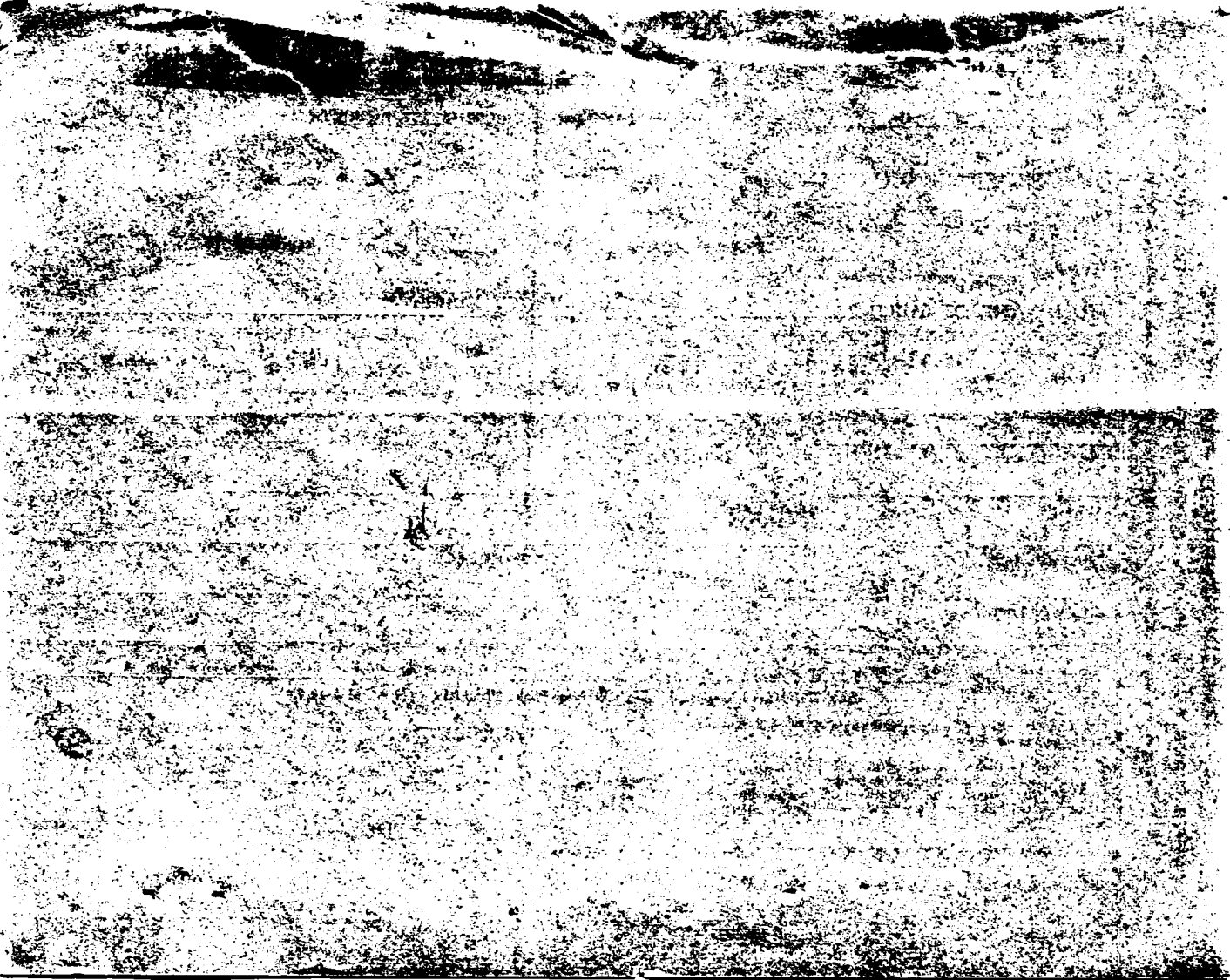
Filed May 14 19 9 C W Hall M D Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 1 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 68896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shaffer (Name on Original Certificate) who born (Was Born or Died) on May 13, 1919 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Name~~	Omitted	Lonella May Shaffer
~~Sex~~	Male	~~Female~~

Subscribed and sworn to before me this 31st day of September, 1942

Notary Public, residing at Star, Idaho

My commission expires 7-17-44
(Seal)

Signed Rose Etta Shaffer Mrs Ira Shaffer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

413-103
001-793

PLACE OF BIRTH

Form V. S. No. II-G—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68897

County of Ada

City of Star,

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2001

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles O Mackley	FULL MAIDEN NAME	Nora Gilman
RESIDENCE	Star, Ida	RESIDENCE	Star, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Rugger. Ship.	OCCUPATION	H Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed May 4 1919 O W Hall

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-206
014-689

[redacted]

Form V. S. No. 17-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68898

County of Canyon

City of R F D Caldwell

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2001 Registered No.

Hospital

FULL NAME OF CHILD ~~Edna May~~ CHARLOTTE MAE Crooke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F. M		yes	May 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donald Westley Crooke	FULL MAIDEN NAME	Edna May White
RESIDENCE	Caldwell R F D	RESIDENCE	Caldwell R F D
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11,509 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD
(Physician or midwife)

Given names added from a supplemental report

19

Address Star Idaho

Filed May 8 1919 O W Hall
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JUN 9 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Edna May Crooke	Charlotte Mae Crooke

Subscribed and sworn to before me this 15th day of June, 1943.

Notary Public, residing at Boise, Idaho

My commission expires 2/8/45.
(Seal)

Signed × Edna Mae Crooke Weymouth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

JUN 17 19

JUN 4 1975

NOV 26 1958

437-223
001-141

PLACE OF BIRTH

Form V. S. No. [illegible] 2-15-12

68899

County of Ada

City of Eagle R.F.D.

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2001

Registered No.

Hospital

FULL NAME OF CHILD Marjorie Lucille McPherson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			Yes	May 28 1919

FATHER		MOTHER	
FULL NAME	Geo Webb McPherson	FULL MAIDEN NAME	Nellie G. Adams
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M

(Physician or midwife)

Given names added from a supplemental report

19

Address Star Idaho

Filed May 24 1919 O W Hall M

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

City of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 68899

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Marjorie Lucille McPherson

Subscribed and sworn to before me this 7th day of July, 1943

Pauline Ambrose
Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs. G. W. McPherson
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

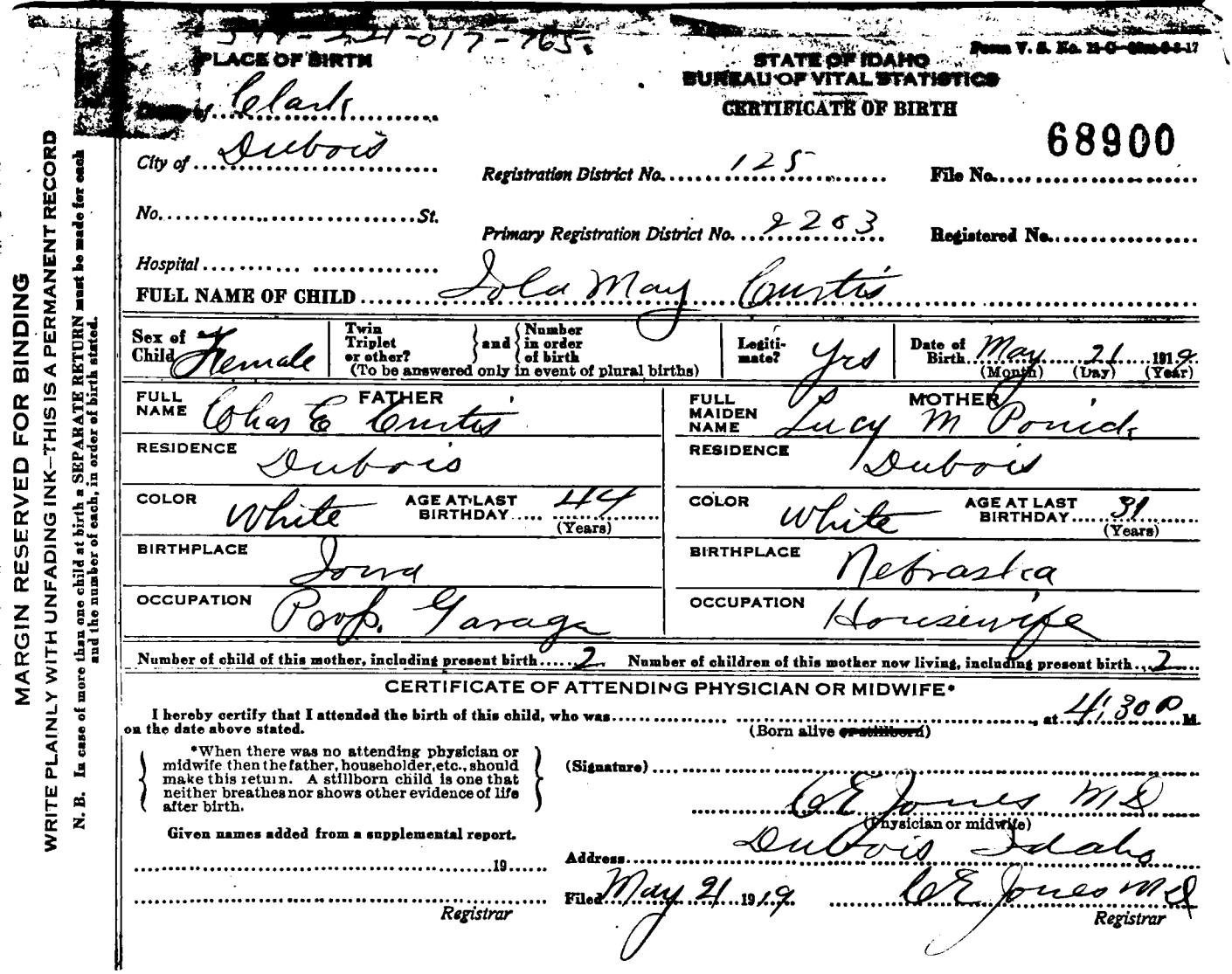
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 7 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]-221-017-765

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68900

County of Clark

City of Dubois

Registration District No. 125

File No.

No. ..... St.

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD Iola May Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas E Curtis	FULL MAIDEN NAME	Lucy M Ponick
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Prop. Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 21 1919 C E Jones M D
Registrar

5/12/41 L. B.

Form V. S. No. 11-C

IDAHO
STATISTICS
OF BIRTH

68901

City of Dubois

Registration District No. 725

File No.

252-119-017-693
No. St.

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD Robert Thomas Best

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 14 1914

FATHER		MOTHER	
FULL NAME	Raymond R Best	FULL MAIDEN NAME	Margaret Fitzgerald
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9:15a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

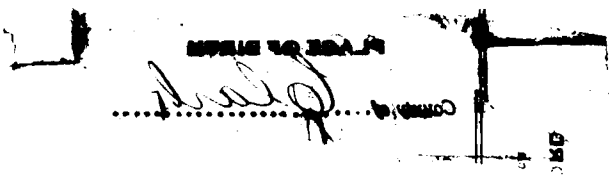
Filed May 14 1914 C E Jones M D

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for ea and the number of each, in order of birth stated.



APR 1 6 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Dubois

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

CERTIFICATE OF BIRTH

68[illegible]

Registration District No. 125

File No. [illegible]

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital Dr. Jones

FULL NAME OF CHILD Florence Elizabeth Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 18 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl L Robinson	Maybelle Hill
RESIDENCE	Wellington Kansas	Wellington Kansas
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 24	White / 30
BIRTHPLACE	Illinois	Minn
OCCUPATION	Train Dispatcher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Jones MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 18 19 17

O E Jones MD Registrar

SEP 9 1968

119-211-017-365

PLACE OF BIRTH

County of Clark

City of Leadore

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68903

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Mildred Ardith James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 11 1917

FATHER		MOTHER	
FULL NAME	Donald A Jarvis	FULL MAIDEN NAME	Gladys E Conrad
RESIDENCE	Rockford Wash	RESIDENCE	Rockford Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	U. S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1:05 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dillon Idaho

Filed May 11 19 17 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-208-017-658

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Do Jones

Form V. S. No. 11-C—Standard-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68904

Registration District No. 125

File No. .....

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 8 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas W Fredrick	Lois A Fehlhaber
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Wis	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 8 1914

C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

358 - 201 - 017 - 695

Form V. S. No. 10-C—Rev. 6-6-17

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 125 File No. 68905

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 1 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry H Lehrman	Theresa Wiebe
RESIDENCE	Dubois	Dubois
COLOR / AGE AT LAST BIRTHDAY	White / 36 (Years)	White / 27 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed May 1 1917 O E Jones MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-201-017-612

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Clark

City of Humphrey P.O.

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68906

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Mary Emeline Robbins

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	5 / 1 / 19 9

FATHER		MOTHER	
FULL NAME	F. O. Robbins	FULL MAIDEN NAME	Ada Bell Wakefield
RESIDENCE	Humphrey	RESIDENCE	Humphrey P.O.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	41
		BIRTHPLACE	Iowa.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. Howard Gunn

Physician

(Physician or midwife)

Address Dubois, Idaho.

Filed May 20 1919 O E Jones MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1 1967

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68909

City of Dubois
238-214-017-699
No. ..... St.
Hospital .....

Registration District No. 125 File No. .....
Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Elenore Margaret Schmidt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob B Schmidt	FULL MAIDEN NAME	Justina Friesen
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....
C E Jones M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed May 14 1919 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1944

APR 5 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68910

County of Bonner

City of Sandpoint

No. 319-120-009-493 St.

Registration District No. 78

File No.

Primary Registration District No. 2155

Registered No. 1543

Hospital

FULL NAME OF CHILD Carlson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo Carlson	FULL MAIDEN NAME	Leda Mickarlsen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKenna

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Idaho

Filed May 1919 M. McKinnon (SRM)

Registrar

Registrar

S-Y-CO 38071

PLAC

693 - 226 - 042 - 665 [redacted]

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68913

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Martha Ann Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	4th	yes.	May (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Solomon W. Williams	FULL MAIDEN NAME	Ethel G. Ownbey.
RESIDENCE	Buhl. Ida	RESIDENCE	Buhl. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Tennessee	BIRTHPLACE	Arkansas
OCCUPATION	Farming.	OCCUPATION	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5-28 1919

J. H. Wensley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-125-042-364

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 68914

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	5 (Month) 25 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John E. French	FULL MAIDEN NAME	Sarah Todd
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 9 25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 5-26 1919 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-224-042-652

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68915

County of Twin Falls,

City of Buhl, Ida

No. _____ St.

Hospital _____

Registration District No. 39 ~~2087~~

File No. _____

Primary Registration District No. 2087 ~~39~~

Registered No. _____

FULL NAME OF CHILD NINA JEAN GRIFFITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	5-24-1919

FATHER		MOTHER	
FULL NAME	E. E. Griffith	FULL MAIDEN NAME	Sydney Webb
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl, Ida

Filed 6-2 1919 J. H. Murphy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 68915

State of Washington }
County of Benton } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nina Jean Griffith (Name on Original Certificate) who was born (Was Born or Died) on May 24, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nina Jean Griffith

Subscribed and sworn to before me this 24
day of July, 1942

Notary Public, residing at White Bluffs

My commission expires July 16 - 1943
(Seal)

Signed E. C. Griffith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 th
day of July, 19 42

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at White Bluffs, Washington
(Street Address, City, State)

My commission expires
(Seal)

JUL 28 1942

JUL 29 1942

JUN 25 1973

238-224-042-258

PLACE OF BIRTH

~~Form V. S.~~ No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl, Ida

No. _____ St.

Hospital _____

Registration District No. 39 ~~2087~~

File No. 68916

Primary Registration District No. 2087 ~~39~~

Registered No. _____

FULL NAME OF CHILD NORMA CHRISTINE LOUISE SCHAEFER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	5-24-1919

FATHER		MOTHER	
FULL NAME	H. G. Schaefer	FULL MAIDEN NAME	Louise Behrhorst
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 1 15 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Buhl Ida

Filed 6-2 1919 J. H. Murphey
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

OCT 21 1941

Certificate No. 68916
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Norma Christine Louise Schaefer (Name on original certificate) who Was Born (Was born or died) on May 24 - 1919 (Date of event)
in Buhl, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal Certificate (Bible record, insurance policy, etc.) prepared on June 1st 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Schaefer	Norma Christine Louise Schaefer

Subscribed and sworn to before me this 16 day of Oct, 1941
W. Pettaward
Notary Public, residing at Buhl Idaho
My commission expires July 30 - 1944
[SEAL]

Signed Henry G. Schaefer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of Oct, 1941
W. Pettaward
Notary Public, residing at Buhl Idaho
My commission expires July 30 - 1944
[SEAL]

Signed Eldor Schaefer
(Signature of any credible person other than the previous affiant.)
R. Buhl Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

215-223-042 875

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C Rev. 8-8-17

CERTIFICATE OF BIRTH

68917

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD ..... FRANCES MAY SANFORD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	5 23 19

FATHER		MOTHER	
FULL NAME	J. G. Sanford	FULL MAIDEN NAME	Nettie Kessler
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Labor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-26 19 19 J. T. Murphy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 68917

State of Montana }
County of Powder } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances M. Sanford (Name on Original Certificate) who was born (Was Born or Died) on May 23-1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 30-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances May Sanford

Subscribed and sworn to before me this 10
day of June, 1942

J. T. Preston
Notary Public, residing at Brady

My commission expires Aug 24 1943
(Seal)

Signed Mrs. Nettie Beatrees Hunter Sanford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 13 19[illegible]

JUN 1 7 [illegible]

819-222-042-952

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. ~~2087~~ 39

Primary Registration District No. ~~39~~ 2087

File No. 68918

Registered No. .....

FULL NAME OF CHILD Frances May Haines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5-22-1919

FATHER		MOTHER	
FULL NAME	W. A. Haines	FULL MAIDEN NAME	Myrtle Resler
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo.	BIRTHPLACE	Illinois.
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. McCluskey

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 6 2 1919 J. H. Humphrey
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 9 9 30 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 68918

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Haines (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1919 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Frances May Haines

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mildred H. Humphrey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.

County of Solano

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1973

Notary Public, residing at Vacaville, Calif

My commission expires June 13, 1976

(Seal)

Signed Mildred H. Humphrey

(Signature of Any Credible Person)

Vacaville Calif

(Street Address, City, State)

OFFICIAL SEAL
D. LEEWRIGHT
NOTARY PUBLIC
SOLANO COUNTY
My Commission Expires June 13, 1976

AT SEAL OF THE STATE OF CALIFORNIA EUREKA

FORM DH 60-155 CL 12/26/72 nm

FEB 2 1973

Social Security Act (No. 545 12 1636) gives name as Frances May Haines. Dated 10-18-37. Viewed by V. S.

Industrial Whole Life Policy from Metropolictan Life Insurance Co. gives name as Frances May Haines. Dated Feb. 1, 1932. Viewed by V .S.

314-122-042-259

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 68919

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD John V. Caddy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	5 22 1919

FATHER		MOTHER	
FULL NAME	W. H. Caddy	FULL MAIDEN NAME	Leona Seifer.
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Ark.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 5-24 1919 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-119-042-713

[redacted] No. 11-C—25m-8-8-27

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68920

Registration District No. 39

Primary Registration District No. 2081

File No. .....

Registered No. .....

FULL NAME OF CHILD Wilson Clay Cox

Sex of Child Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 19 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME William Clay Cox	FULL MAIDEN NAME Rosalie Patrick
RESIDENCE Buhl, Ida.	RESIDENCE Buhl, Ida.
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Grassy Cove, Tenn.	BIRTHPLACE Mountain Home, Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. m. on the date above stated.

(Signature) Grover Jennings M.D.

(Physician or midwife)

Address Buhl Ida.

Filed May 25 1919

J. W. Warfield Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

[redacted]

APR 16 1953

358-219-042-255

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68921

County of Twin Falls

City of Buhl, Ida

No. _____ St.

Hospital _____

Registration District No. ~~2087~~ 34

File No. _____

Primary Registration District No. ~~34~~ 2087

Registered No. _____

FULL NAME OF CHILD Edna Rose Lehman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5 19 1919

FATHER		MOTHER	
FULL NAME	Henry Lehman	FULL MAIDEN NAME	Iva Kendricks
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Buhl Ida

Filed 6-2 1919 J. T. Murphey Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 68921

SEP 18 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Rose Lehman (Name on Original Certificate) who Born (Was Born or Died) on May 19, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 25, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Rose Lehman

Subscribed and sworn to before me this 16th,
day of September, 1942

E. V. Bunch
Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(Seal)

Signed Mrs. H. W. Lehman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of September, 1942

E. V. Bunch
Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(Seal)

Signed Mrs T. L. McBroom
(Signature of Any Credible Person Other Than Previous Year)

416 13th St, Buhl, Idaho
(Street Address, City, State)

SEP 2 2 1942

114-119-042-231

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH
name added 5/12/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68922

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

Registration District No. 39

File No. .....

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Kyle O'Neal James

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	4th	yes	May (Month) 19 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Holister James	FULL MAIDEN NAME	Lora E. Blain
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Enonia Ivez Chih - Mexi	BIRTHPLACE	Spring City, Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Buhl, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 5-22 1919 J. H. Wimpler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 10 51 AM '81

State of Oregon
County of Clackamas } ss.

Certificate No. 68922
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed James (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-19-19 (Date of Event)
in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Kyle Oneil James

Subscribed and sworn to before me this 2nd day of April 1981.
Notary Public, Elaketh Wilson
Residing at Clackamas County, State of Oregon
My commission expires 10-1-84
(Seal)

Kyle O James
Signature of Applicant
14221 S Maple Ln Rd
Street Address, City, State
Oregon City, Ore 97045

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April 1981.
Notary Public, Betty L. Anderson
Residing at Rupert, Idaho
My commission expires Life
(Seal)

Etta Mae Reynolds
Supporting Signature
RT#3 - Box 353 - Rupert, Ida
Street Address, City, State

United states Civil Service Commission, Bureau of Retirement, Insurance gives name as Kyle O'Neal James born May 19, 1919. Social Security number 519 16 3338. Issued 1976.
Viewed by V.S.

MAY 12 1981

Church Record gives name as Kyle O'Neal James born May 19, 1919, in Twin Falls, Idaho, to James Hollister and Laura Elizabeth Blain. Blessed July 6, 1919 in L.D.S.Church.
Viewed by V.S.

285-218-042-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68923

County of Twin Falls

City of Buhl, Ida

No. _____ St.

Hospital _____

Registration District No. ~~2087~~ 39

File No. _____

Primary Registration District No. ~~39~~ 2087

Registered No. _____

FULL NAME OF CHILD Ruth Margaret Shelton

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	5-18-1919

FATHER		MOTHER	
FULL NAME	Fred P. Shelton	FULL MAIDEN NAME	Ruby Windmiller
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Buhl Ida

Filed 6-2 1919 J. H. Murphy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1943

253-112-042-433

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68924

Registration District No. 39 File No. .....

Primary Registration District No. 2081 Registered No. .....

Full Name of Child LEWIS JAMES Keller

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	May 12 1918

FATHER		MOTHER	
FULL NAME	Fred L. Keller	FULL MAIDEN NAME	Julia M. McClelland
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	St. Joseph, Mo.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 15 1918 J. T. Murphy
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 68924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 12th, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth records (Bible Record, Insurance Policy, Etc.) prepared on May 12th, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lewis James Keller

Subscribed and sworn to before me this 2nd
day of September, 19 42

Alameda County
Notary Public, residing at Berkeley, California

My commission expires November 7th, 1945
(Seal)

Signed Julia Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1455 Tenth St., Berkeley, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of September, 19 42

Alameda County
Notary Public, residing at Berkeley, California

My commission expires November 7th, 1945
(Seal)

Signed Josephine Keller
(Signature of Any Credible Person Other Than Previous Year)

641 Miramida St Oak Calif
(Street Address, City, State)

SEP 5 1942

SEP 8 1942

669-210-042-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68925

County of Twin Falls

City of Buhl, Ida

Registration District No. 39 ~~2087~~

File No.

No. St.

Primary Registration District No. 2087 ~~39~~

Registered No.

Hospital

FULL NAME OF CHILD Rowena Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5-10-1919

FATHER		MOTHER	
FULL NAME	W. A. Forrest	FULL MAIDEN NAME	Eleanor Rowen
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43.
BIRTHPLACE	Wisconsin	BIRTHPLACE	Colo.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McCluskey

Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl, Ida

Filed 6-2 1919 J. T. Murphy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-129054

963-210-042-699

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

39 **CERTIFICATE OF BIRTH** 68926

County of Twin Falls

City of Burls, Ida.

Registration District No. 2087 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital DORTHA

FULL NAME OF CHILD ~~[illegible]~~ Inez Roland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	5 - 10 1919

FATHER		MOTHER	
FULL NAME	J. A. Roland	FULL MAIDEN NAME	Douglas Wright
RESIDENCE	Burls, Ida	RESIDENCE	Burls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 15 P. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Burls Ida

Filed 6-7 1919 J. A. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

166-703-042-525

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

68928

Registration District No. 39

File No. _____

Primary Registration District No. 2087.

Registered No. _____

FULL NAME OF CHILD Kenji Joe.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1st	Yes.	5 - 3 - 19

FATHER		MOTHER	
FULL NAME	M. Joe.	FULL MAIDEN NAME	Asano Eseki.
RESIDENCE	Buhl.	RESIDENCE	Buhl.
COLOR	Japanese.	COLOR	Japanese.
AGE AT LAST BIRTHDAY (Years)	46.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

1 photostatic copy 3-3-37

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated. 1 photostatic copy 5-20-42

(Signature) J. H. Murphy

M. D.

(Physician or midwife)

Address Buhl Idaho

Filed 5 - 5 19 19. J. H. Murphy

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st certified copy issued 5-5-37 PBA 4404

168-202-042-951

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-19

68929

Registration District No. 39

Primary Registration District No. 2087

File No. _____

Registered No. _____

Full Name of Child Violet Mae Johnson

SEX OF CHILD Fem

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

DATE OF BIRTH May 2 (Month) (Day) 19 (Year)

FATHER

FULL NAME John Wm Johnson

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Harlan Co. Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hazel Maud Read

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE New York.

OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D. (Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6-5 1919 J. A. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 19/3

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 68929

County of Jackson } Date Filed

'The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)

for Unnamed Johnson (female) who was born on May 2, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Violet Mae Johnson

Subscribed and sworn to before me this 30th day of January, 1974

Notary Public, residing at Medford

My commission expires May 30, 1976

(Seal)

Signed Mrs. Hazel M. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

718 West Main Medford Ore.
(Street Address, City, State)

97501

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Jackson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 1974

Notary Public, residing at Medford

My commission expires May 30, 1976

(Seal)

Signed Roy Johnson
(Signature of Any Credible Person)

718 West Main Medford Ore.
(Street Address, City, State)

97501

FORM DH 60-155 C1 9/18/73

Family Bible , Obviously Old, gives name as Violet Mae Johnson born May 2, 1925 mother and father Mr. & Mrs. John William Johnson.
Viewed by VS

Certificate of marriage,State of Washington,County of Kittitas , Vernon Hays and Violet Johnson married March 30, 1942 by Rev. William H. Thompson.
Viewed by VS

281-130-042-962

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

68930

Registration District No. 39

Primary Registration District No. 2087

File No. _____

Registered No. _____

Full Name of Child Shaver

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Apr. 30 (Month) (Day) 19 (Year)	

FATHER

FULL NAME: Roy Shaver

RESIDENCE: Buhl, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Miss May Robertson

RESIDENCE: Buhl, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-10 1919 J. N. Murphy

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

569-124-042-691

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68931

Registration District No. 39

Primary Registration District No. 2081

File No. _____

Registered No. _____

Full Name of Child ROBERT WESLEY Norris

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Apr. 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William L. Norris	FULL MAIDEN NAME	Eliza Jane Frazier
RESIDENCE	Buhl Ida	RESIDENCE	Buhl. Ida.
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this m[illegible] including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Buhl Ida

Registrar

Filed 5-[illegible] J. H. Murphy

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

(Born alive or stillbir

other pow living, inc

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 68931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Jesley Norris (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1919 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 30 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", ~~"Cause of Death"~~, Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Wesley Norris

Subscribed and sworn to before me this 18th. day of August, 19 42

F.R. Mann

Notary Public, residing at Jerome, Idaho

My commission expires Oct. 19th. 1942
(Seal)

Signed Beulah Hunt.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th. day of August, 19 42

F.R. Mann

Notary Public, residing at Jerome, Idaho

My commission expires Oct.19th. 1942
(Seal)

Signed Louise M. Lindsey.
(Signature of Any Credible Person Other Than Previous Year)

Jerome, Idaho
(Street Address, City, State)

AUG 21 1942

AUG 8 1945

AUG 24 1942

619-112-042-356

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 68932

Primary Registration District No. 2087 Registered No. _____

Full Name of Child Arthur B. Fairchild Jr.

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Apr. 12, 19

FATHER

FULL NAME: Arthur B. Fairchild

RESIDENCE: Buhl, Ida.

COLOR: Wht. AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Basin, Ida.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Iris Leonard

RESIDENCE: Buhl, Ida.

COLOR: Wht AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Austria

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George J. Cunnings M.D.

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-10 19 19 J. A. Murphy

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-205-042-65-9

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

CERTIFICATE OF BIRTH

68933

Registration District No. 39

Primary Registration District No. 2-087

File No. .....

Registered No. .....

Full Name of Child Ulrich

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem				Yes	Apr. 5th 19

FATHER

FULL NAME Louis M Ulrich

RESIDENCE Buhl, Ida.

COLOR Wht. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Elmo, Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida Werner

RESIDENCE Buhl, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 10 19 9 J. H. Murphy

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at [illegible], a SEPARATE RETURN must be made for each and [illegible] each, in order of birth stated.

STATE O[illegible]
BUREAU OF VI[illegible]
CERTIFICAT[illegible]

68934

City of [illegible]
193-101-042-193
No. — St.

Registration District No. 39

File No.

Primary Registration District No. 2077

Registered No.

Hospital —

Full Name of Child James Robinson Pisklak Arthur

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH: March 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Arthur	FULL MAIDEN NAME	Albina Arthur
RESIDENCE	Buhl, Idaho.	RESIDENCE	Buhl Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Indiana	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th — Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J C Foote
Wendell, Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

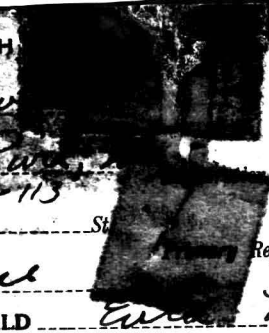
Filed 9-9 1919 J. H. Murphy
Registrar

Certified Copy issued Dec. 16, 1940. W.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 68935

County of Clearw[redacted]

City of [redacted] District No. 91 File No.

994-224-018-113

No. , St[redacted] Registration District No. 2168 Registered No.

Hospital Home

FULL NAME OF CHILD Eula May Zimmerman

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	One	—	Yes	5 (Month) 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Myron Martin Zimmerman	FULL MAIDEN NAME	Eula Cass Jackson
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Harrisburg Penn.	BIRTHPLACE	Cameron Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt R Walton M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Elk River Idaho

, 19

Filed 6/15 1919 Robt R Walton

Registrar

Registrar

S-Y CO., 16670

K.

APR 1 0 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
AMENDED OCTOBER 26, 1953

County of Clearwater

City of Elk River

No. 355-123-018-819 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 68936

Hospital Elk River Primary Registration District No. 2168 Registered No.

FULL NAME OF CHILD Roy Harrison Leeper, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 23, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER

FULL NAME: Roy Harrison Leeper
RESIDENCE: Elk River, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Fredricksburg, Ohio
OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Marie Hartman
RESIDENCE: Elk River, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kulm, North Dakota
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:23 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert R. Walton
(Physician or midwife)

Address Elk River, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5/23 1919 Robt R. Walton
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Crook

Certificate No. 68936

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~)
for Roy Harrisen Leeper, Jr. (Name on Original Certificate) who May 23 (Was Born or ~~Died~~) on May 23 - 1919 (Date of Event)
in Elk River Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace.	Kulm, Calif.	Kulm, North Dakota

Subscribed and sworn to before me this 23rd day of October, 1953.

Notary Public, residing at Prineville, Oregon
My commission expires 4-14-56
(Seal)

Signed Mazie Merriman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1200 Maupin Road Prineville Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Crook

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1953.

Notary Public, residing at Prineville, Oregon
My commission expires 4-14-56
(Seal)

Signed W. L. Hartman
(Signature of Any Credible Person)

920 East Lynn Prineville Oregon
(Street Address, City, State)

DPH 52.155

1 c. pd.

419-283-034-993

PLACE OF BIRTH

Form V. S. No. 11-C 25m-9-8-17

OF IDAHO
STATISTICS
OF BIRTH

County of Minidoka

City of Rupert

Regis

No. ..... St.

Primary Registration District No. 2015

File No. 68937

Registered No. 109

Hospital .....

FULL NAME OF CHILD RUTH LUELLA MAIER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	5 (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Maier	FULL MAIDEN NAME	Carrie Rickert
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed June 5 1919 E H E [illegible] Registrar

Registrar

...Y WITH UNFADING I...K THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Minidoka }

Certificate No. 68937

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Luella Maier (Name on Original Certificate) who was born (Was Born or Died) on May 3rd 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Luella Maier

Subscribed and sworn to before me this 7th day of January, 1943.

Notary Public, residing at Rupert Idaho

My commission expires March 15th 1944
(Seal)

Signed Caroline D Maier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #2 Mother Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 12 1943

299 - 210 - 54 - 376

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68938

Registration District No. 19 File No. 110

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD Helen Elaine Kirkpatrick

Sex of Child F | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 10 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Elton J. W. Kirkpatrick	FULL MAIDEN NAME	Dora G. Traefer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Elmore

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed May 12 1917 E. W. Elmore

Registrar

NOV 9 1946

393-205-034-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68939

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 111

Hospital

FULL NAME OF CHILD MARY JUNE LITTLE

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	6 5 1919

FATHER

FULL NAME Chas E Little

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Georgia

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Pamela Bullock

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenyon

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6-16-1919 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 9 34 AM '79

State of _____ } ss.
County of _____

Certificate No. 68939
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Little (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1919 (Date of Event)

in Minidoka Col Rupert, (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Mary June Little

Subscribed and sworn to before me this 29th day of March 1979.
Notary Public, Pamela Loosli
Residing at Rupert, Idaho
My commission expires 1/8/80
(Seal)

Mary June Little Larson
Signature of Applicant
Rt #3 Box 136 Burley Idaho 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1979.
Notary Public, Pamela Loosli
Residing at Rupert, Idaho
My commission expires 1/8/80

Myrtle C. Stuart
Supporting Signature
410 Walnut St Rupert Idaho
Street Address, City, State

Certificate of Blessing gives name as Mary J ne Little daughter of Charley Little and Pamela Bullock born June 5, 1919 at Rupert, Idaho and blessed July 6, 1919 in L. D. S. Church.
Viewed by V.S.

APR 3 - 1979

Certificate of Baptism and Confirmation gives name as Mary June Little daughter of Charles adn Pamela Bullock Little. Born June 5, 1919 and baptized August 7, 1927, in L.D.S.church .
Viewed by V.S.

266-107
034-235
PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68940

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 112

Hospital

FULL NAME OF CHILD ~~Jack Stewart~~ MAX REED BOWEN ~~BOWEN~~

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	6 7 1919

FATHER		MOTHER	
FULL NAME	John H Bowen	FULL MAIDEN NAME	Sarah Stewart
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grocer clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6-16 1919 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1943

168-108-034-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11

68911

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 113

Hospital

FULL NAME OF CHILD Cliff William Johnson

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 5 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Herman A Johnson	FULL MAIDEN NAME	May Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 6-19 1919 Ev H. Elmore

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...TH UNFADING INK - THIS IS A PERMANENT RECORD

155-117-034-884

PLACE OF BIRTH name added 2-3-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m—[illegible]

68942

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2013

File No. .....

Registered No. 114

FULL NAME OF CHILD Orland Ardell Jensen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	5 17 1919

FATHER		MOTHER	
FULL NAME	Lorenzo Jensen	FULL MAIDEN NAME	Minnie Hymas
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenyon

(Physician or midwife)

Address Rupert

Given name added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 19 = 19 19 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 1 8 06 AM '82

State of Idaho
County of Minidoka } ss.

Certificate No. 68942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 17, 1919 (Date of Event)

in Rupert, (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Orland Ardell Jensen

Subscribed and sworn to before me this 18th day of August, 1981.

Notary Public, Betty L. Anderson
Residing at Rupert, Idaho
My commission expires Life
(Seal)

Orland Ardell Jensen
Signature of Applicant

RT#2 BX 99 Rupert, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1981.

Notary Public, Betty L. Anderson
Residing at Rupert, Idaho
My commission expires Life
(Seal)

Clara D Hymas Sheen
Supporting Signature

801 G Rupert Idaho
Street Address, City, State

7-31-81 - cc. fc

Cert of Blessing from LDSChurch gives Orland Ardell Jensen 1982
born 5-17-19 in Rupert to Lorenzo Jensen and Minnie Humas
was blessed 7-6-19. Viewed by V.S.

Cert of Baptism from LDS Church gives Orland Ardell Jensen born
5-17-19 in Rupert to Lorenzo Jensen and Minnie Hymas was
baptised 7-2-27. Viewed by V.S.

231-18-034-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 19 File No. 68943

Primary Registration District No. 2013 Registered No. 115

FULL NAME OF CHILD First Clarence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1		6	yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Leonard Clarence	FULL MAIDEN NAME	Viola Eichler
RESIDENCE	Rupert Idaho R1	RESIDENCE	Rupert Idaho R 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 18-19 at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Edmonds, M.D.

(Physician or midwife)

Address Post Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-19 1919 E. H. Elmore Registrar

814-202-034-719

Form V. S. No. 11-C—25m-9-8-18

PLACE OF BIRTH

County of Minidoka

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68944

Registration District No. 19

File No. .....

Primary Registration District No. 2013

Registered No. 116

FULL NAME OF CHILD Inez Mabel Hammond

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	3	yes	May 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Hammond	FULL MAIDEN NAME	Martha Eliz. Garrett
RESIDENCE	Paul, Ida	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 2-19 at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul Idaho

Filed 6-19-1919 E. H. Elmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1959

695-227-034-399

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68945

Registration District No. 19

File No. .....

Primary Registration District No. 2013

Registered No. 117

FULL NAME OF CHILD Flay Hinks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	and	9	Yes	April 27 1919

FATHER		MOTHER	
FULL NAME	Albert G. Hinks	FULL MAIDEN NAME	Sylvia Criswell
RESIDENCE	Rupert Idaho R 2	RESIDENCE	Rupert Idaho R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 ... Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on April 27-19 at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adams, MD

(Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May-19-1919

E. A. Elmore Registrar

958-210-034-963

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 68946

Primary Registration District No. 2015 Registered No. 118

FULL NAME OF CHILD Lorenza Zehr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 10th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Zehr	FULL MAIDEN NAME	Emma Roth
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 6-19 1919 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-131-034-294

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 68947

Registered No. 118

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	5 (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Otis Wilson	FULL MAIDEN NAME	Grace Simmons
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6-19- 1919 E. H. Elmore Registrar

MARGIN RESERVED FOR BIND...

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RE...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-208-034-795

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68948

Registration District No. 19 File No. 120

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD ~~May~~ MARIE ~~Marie~~ MAY Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Jordon Sorensen	FULL MAIDEN NAME	Loretta Prescott
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed May 12 1919 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1943

195-214-034-755

Form V. S. No. 11-C—25m-9-9-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68949

Registration District No. 19 File No. 121

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Arnholtz	FULL MAIDEN NAME	Minnie Genske
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed May 24 19 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1994

299-121-034-318

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Mundoka

City of Rufert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68950

Registration District No. 19 File No. 122

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD William John Kirk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther Eugene Kirk	FULL MAIDEN NAME	Ethel Christian Taylor
RESIDENCE	Rufert	RESIDENCE	Rufert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rufert

Registrar

Filed May 24 1919 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-229-034-795

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Mundoka

City of Rupert

No. ..... St.

Hospital 0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 68951

Registration District No. 19 File No. 123

Primary Registration District No. 2013 Registered No. .....

FULL NAME OF CHILD Eugenia Antoinette Girard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	May 29 1917

FATHER		MOTHER	
FULL NAME	Antoine E. Girard	FULL MAIDEN NAME	Eugenia DeGier
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 3 1917 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

263-229-034-952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68952

Registration District No. 19 File No. 124

Primary Registration District No. 2013 Registered No. .....

FULL NAME OF CHILD Anna Kock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F1			yes	May 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Kocks	Anna Rebhut
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. H. Johnson

Physician

(Physician or midwife)

Address Rupert

Filed June 3 1919 E. H. Johnson

Registrar

251-105-034-843

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minadoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68953

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 125

FULL NAME OF CHILD Ray Ernest Seaman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Henry Seaman	FULL MAIDEN NAME	Bertha Alice Hutton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Rupert

Filed 6-10 1919 E. H. Elmore

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-110-034-449

[redacted]

Form V. S. No. 11-C—25m-8-8-17

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 68954

Primary Registration District No. 2201 Registered No. 126

FULL NAME OF CHILD Glen D. Totten

Sex of Child: Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: June (Month) 10 (Day) 1919 (Year)

FATHER

FULL NAME: Earl A. Totten

RESIDENCE: Minidoka

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Auto Garageman

MOTHER

FULL MAIDEN NAME: Florence M. Durrant

RESIDENCE: Minidoka

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Colo.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Johnson

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6 — 10 1919 E. A. Johnson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/8/41 L. F.

MAY 11 1964

445-208-029-693

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Kendrick

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 68955

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mary Ellen Dunkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 8th 1919

	FATHER		MOTHER
FULL NAME	Arthur V. Dunkle	FULL MAIDEN NAME	Anna Eleanor Wilmot
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.
(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

Mary Ellen Dunkle 1920

W. S. Murphy
Registrar

Filed May 1919 R. T. Pepple
Registrar
Juliaetta Idaho

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kendrick, Idaho.

Street and House No.

County Latah County.

Registered No.

Registration Dist. No.

Sex of Child female.

Date of Birth May (MONTH) 8, (DAY) 1919. (YEAR)

Father Arthur Valentine Dunkle. (FULL NAME)

Mother Anne Eleanor Wilmot. (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Mary (GIVEN NAME IN FULL) Ellen Dunkle. (SURNAME)

as reported by A. V. Dunkle. (FATHER OR MOTHER)

(LOCAL REGISTRAR)

214-201-029-213

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Hospital ____

STATE [redacted]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

68956

Registration District No. 68

File No. ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Leona Bell Sams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 1 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raine Otto Sams	Maggie Mary Satterfield
RESIDENCE	Genesee Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Tennessee	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 12-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

....., 19.....

Filed May 1919 R. F. Pepple Registrar

Juliette [illegible] Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1 1947

753-128-025-367

PLACE OF BIRTH

STATE OF IDAHO [redacted] No. 11-G-[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ~~White~~bird

Amended 7-9-80

No. ——— St.

Hospital ———

Registration District No. ——— File No. 68957

Primary Registration District No. ——— Registered No. ———

FULL NAME OF CHILD Harold Garland Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male			Mar 28 Fri 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Andrew Peterson	FULL MAIDEN NAME	Myrtle Copper
RESIDENCE		RESIDENCE	
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Merriel, Wis	BIRTHPLACE	Merriel Wis.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~W. A. Foskett~~ (Born alive ~~or stillborn~~), at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

Address White Bird

19

Filed April 1919 W. A. Foskett

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 10 1965

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 9 8 21 AM '80

State of Idaho
County of Idaho } ss.

Certificate No. 68957
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Garland Harold Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 28, 1919 (Date of Event)

in Whitebird (Idaho co) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Garland Harold Peterson	Harold Garland Peterson
Place of birth	omitted	Whitebird

Subscribed and sworn to before me this 7th day of July 1980.

Notary Public, Patricia M. Cope

Residing at White Bird, Idaho

My commission expires 9-28-81

(Seal)

* Harold G Peterson
Signature of Applicant

Box 85 White Bird Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 7-2-80 (fc) 1 copy pd

Honorable Discharge issued by the United States Navy gives name as Harold Garland Peterson. Honorably Discharged February 1946. This record gives his birthdate as March 28, 1919, at Whitebird, Idaho. Entered service October 14, 1942. Viewed by V.S.

Social Security Card gives name as Harold G. Peterson, # 519 14 6705. Record issued by Social Security Adm. in 1937.
Viewed by V.S.

95-8-105-025-866

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of White Bird

Registration District No. _____ File No. 68960

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD MERLIN RICHARD REYNOLDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	5 5 1919

FATHER		MOTHER	
FULL NAME	A M Reynolds	FULL MAIDEN NAME	Jessie Howard
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Bank clerk	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mrs. R A Lyle at 6 20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

Midwife
(Physician or midwife)

Address White Bird Idaho

Given names added from a supplemental report. _____ 19

W. A. Foskett
Registrar

Filed June 8 1919 W. A. Foskett
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 68960

Date Filed MAR 30

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Merlin Richard Reynolds

Subscribed and sworn to before me this 26 day of March, 1942

Notary Public, residing at Grangeville, Idaho.

My commission expires August 8, 1945
(Seal)

Signed Jessie Reynolds
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 14 1940

289-115-025-862

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

[redacted]E OF IDAHO
VITAL STATISTICS
[redacted]RTIFICATE OF BIRTH

68963

County of Idaho

City of Joseph

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD George Henry Shinn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace Boots Shinn	FULL MAIDEN NAME	Pearl Hockett
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Syracuse Nebraska	BIRTHPLACE	Dudleyville Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ellia B Wilson

Nurse
(Physician or midwife)

Given names added from a supplemental report

..... 19....

W. A. Forkett
Registrar

Address Spring Camp Idaho

Filed Feb. 8, 1919

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-103-035-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68965

PLACE OF BIRTH

County of Ney Perce.

City of .....

No. ..... St.

Hospital .....

Registration District No. 97 File No. .....

Primary Registration District No. 2174 Registered No. 13

FULL NAME OF CHILD John Vernon Scully.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	and	—	yes.	May 3 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Scully.	Nellie Carrol
RESIDENCE	Lewiston	Lewiston.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	32
BIRTHPLACE	Canada	Ill.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hall M.D.

(Physician or midwife)

Address Lapwai

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 4 1919 William P. Hall

Registrar

215-217021-20

PLACE OF BIRTH AMENDED MAY 27,1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of FRANKLIN

City of CLIFTON

No. ..... St.

Registration District No. 27 File No. 68966

Hospital ..... Primary Registration District No. 2119 Registered No. 122

FULL NAME OF CHILD VIRGINIA SANT
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	MAY 17, 1919

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: THOMAS J. SANT	FULL MAIDEN NAME: LAURA SANT
RESIDENCE: CLIFTON, IDAHO	RESIDENCE: CLIFTON, IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: TREASURETON, IDAHO	BIRTHPLACE: CLIFTON, IDAHO
OCCUPATION: FARMER	OCCUPATION: WIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50Pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 2 1919 Dr. A. R. Cutler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68966

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Sant (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1919 (Date of Event) in Clifton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License # 64210 Jan 5, 1942-Franklin co. (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are: L.D.S.Church Records-Baptized July 2, 1927

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen Sant	Virginia Sant

Subscribed and sworn to before me this 27 day of May, 1927
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed x Laura E. Sant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Clifton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of May, 1960
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed x Mabel S. Mathes
(Signature of Any Credible Person)
1607 Broadway Ave.
(Street Address, City, State)
Boise, Idaho

FORM DPH-55-155

419 - 120 - 021 - 145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68967

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 126

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 20 1919

FATHER	MOTHER
FULL NAME: Carl Marshall	FULL MAIDEN NAME: Via Ames
RESIDENCE: Franklin, Idaho	RESIDENCE: Franklin, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Franklin, Idaho	BIRTHPLACE: Cleveland, Idaho
OCCUPATION: Blacksmith	OCCUPATION: Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn) at 7, 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo Sales

Physician (Physician or midwife)

Address Preston, Idaho

Filed June 2 19 9 D. A. Rulon Registrar

NOV 29 2004

666-121-021-713

name added 1/21/81

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68968

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 120

FULL NAME OF CHILD Max L. Woolf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Woolf Jr	FULL MAIDEN NAME	Bertha Packer
RESIDENCE	Riverdale, Idaho	RESIDENCE	Riverdale, Idaho
COLOR	White	COLOR	Whitet
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hyde Park, Utah	BIRTHPLACE	Riverdale, Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G.W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

..... Registrar

Filed June 2 19 9 D. A. Culter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 5 - 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 68968
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Woolf (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 21, 1919 (Date of Event)
in Riverdale, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child'sname	Unnamed	Max L. Woolf

Subscribed and sworn to before me this 31st day of
Oct, 1980
Notary Public, [illegible]
Residing at Idaho Falls
My commission expires 1-2-84
(Seal)

X Max L Woolf
Signature of Applicant
X 560 S. Park, Shelley, ID 83274
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

10-8-80 Accepted

Discharge papers from U.S. Army gives nameas Max L. Woolf born May 21, 1919 date os separation Oct 17, 1946. viewed by V. S.

Membership record to the LDS Church givesnma eas Max Leonidious Woolf born May 21, 1919 at Rimerdale, Idaho. father's name as James Woolf and mother's name as Levenia Packer. Blessed July 6, 1919 and Baptized May 21, 1927 viewed by V. S.

689-121-021-813

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68969

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 119

FULL NAME OF CHILD William Wallace White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 21 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William White	FULL MAIDEN NAME	Drucilla Halliday
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pleasent Grove, Utah.	BIRTHPLACE	Mink Creek Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed June 2 19 9 D R Culler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-127-021-297

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 17

Primary Registration District No. 2119

68970

File No. .....

Registered No. 118

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 27 1910

FATHER

FULL NAME: J. Dudley Long

RESIDENCE: Franklin, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Tennessee

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Vera Biggs

RESIDENCE: Franklin, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Cove, Utah

OCCUPATION: Wife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... (Born alive or stillborn) at 1.30 A.M. on the date above stated.

(Signature) G W Slade

Physician (Physician or midwife)

Address Preston Idaho

Filed June 2 19 9 D A Ruddle Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AMENDED - JUNE 13, 1947

PLACE OF BIRTH

255-228-021-466

County of Franklin

City of Winder

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 68971

Primary Registration District No. 2119 Registered No. 117

FULL NAME OF CHILD Mabel Alberta BENNETT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 28 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George A. Bennett	FULL MAIDEN NAME	Elizabeth Moore
RESIDENCE	Winder, Idaho	RESIDENCE	Winder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston, Idaho

Filed June 2 1919 Dr. A. R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 68971

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Bennett (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1919, (Date of Event)
in Winder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Margaret Bennett	Mabel Alberta Bennett
Place of Birth	Winder, Idaho	Winder ~~Franklin~~, Idaho
		Preston R. F. D.

Subscribed and sworn to before me this 13th day of April, 19 49.
P.M. Condie
Notary Public, residing at Preston, Idaho
My commission expires Nov. 29, 1950.
(Seal)

Signed Elizabeth Moore Bennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
Preston R.F.D. 1, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 19 49.
P.M. Condie
Notary Public, residing at Preston, Idaho,
My commission expires Nov. 29, 1950
(Seal)

Signed George A Bennett
(Signature of Any Credible Person) Father
Preston R.F.D. 1, Idaho
(Street Address, City, State)

255-228
003-168 PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68972

County of ... B[redacted] .....

City of ..... Thatcher .....

No. ..... St.

Hospital .....

Registration District No. ..... 27 .....

File No. .....

Primary Registration District No. ..... 2119 .....

Registered No. ..... 117 .....

FULL NAME OF CHILD ..... Vera Aline Bennett ..... VERA ALINE BENNETT .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 28 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Calvin W. Bennett	FULL MAIDEN NAME: Mabel Johnson
RESIDENCE: Thatcher, Idaho	RESIDENCE: Thatcher, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Thatcher, Idaho	BIRTHPLACE: Washington, Indiana
OCCUPATION: Framer	OCCUPATION: Wife

Number of child of this mother, including present birth ..... 2 .. Number of children of this mother now living, including present birth .. 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... (Born alive or stillborn) at 5, P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... G W State .....

..... Physician .....
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address ..... Preston Idaho .....

..... Registrar

Filed June 2 1919 ..... D. A. R. Cuelen .....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1942

319-116-021-912

Amended 12-1-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68973
Local Reg. No. 116
Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Farrel b. (Middle) D. c. (Last) Larsen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 16, (Year) 1919

FATHER OF CHILD

7. FULL NAME: a. (First) Junius b. (Middle) C. c. (Last) Larsen

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Mink Creek, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Charity b. (Middle) c. (Last) Rasmussen

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

19. ADDRESS: Preston, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 2, 1919

22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68973

Date Filed .....

RECEIVED NOV 30 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Unnamed Larsen (male child) who was born on May 16, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Mink Creek, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date) ....., are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Farrel D. Larsen
Father's First Name	Junues	Junius

Subscribed and sworn to before me this 24 day of Nov, 1964

Signed Charity Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Preston Idaho

My commission expires 4-4-66

(Seal)

259 East Oneida Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Nov, 1964

Signed Deloris C. Monaghan
(Signature of Any Credible Person)

Notary Public, residing at Preston Idaho

My commission expires 4-4-66

(Seal)

139 East Oneida Preston Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-19-64. nm

Certificate of Ordination to the Office of Teacher by L. D. S. Church for Farrel D. Larsen gives Full name of father as Junius C. Larser and Full name of Mother as Charity Rasmussen. Ordained on January 6, 1935 - viewed by V. S. Child's date of Birth is given as May 16, 1919.

Certificate of Ordination to the Office of Priest by L. D. S. Church gives Full name as Farrel Donald Larsen, son of Junius C. Larsen and Charity Rasmussen. Child's date of birth is given as May 16, 1919 and ordained on February 7, 1937 - viewed by V. S.

653-212-021-515

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68974
Local Reg. No.
Reg. Dist. No. 27

Amended 2/5/74

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Donnetta
b. (Middle):
c. (Last): Feller

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 12, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Felix
b. (Middle):
c. (Last): Feller

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bern, Switzerland

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Minnie
b. (Middle):
c. (Last): Hansen

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Weston, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 2, 1919

22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 4:40 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RE VITA JAN 30 11 31 AM '74

State of Idaho } ss.
County of Twin Falls

Certificate No. 68974

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vera Fellers (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1919 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by certificate baptism (Bible Record, Insurance Policy, Etc.) prepared on December 5, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Vera Fellers	?Donnetta Feller
father's name (last)	Fellers	Feller, Felix
s		

Subscribed and sworn to before me this 29th day of January, 19 74

Janice P. Bryan

Notary Public, residing at Twin Falls, Idaho

My commission expires May 5, 1974

(Seal)

Signed Felix Feller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1974

Janice P. Bryan

Notary Public, residing at Twin Falls, Idaho

My commission expires May 5, 1974

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

575 Heyburn Ave W. Twin Falls, Ida.

(Street Address, City, State)

FORM DH 60-155 CL 1/24/74 nm

FEB 8 1974

Certif. of Baptism and Confirmation from LDS Church gives name as Donnetta Feller daughter of Felix Feller and Minni Hansen. Born May 12, 1919 at Weston, Idaho . Was Baptized Nov. 2, 1927. Viewed by V. S.

Family record gives name as Donnetta Feller born May 12, 1919. Blessed June 8, 1919. born at Weston, Idah. Viewed by V. S.

396-108-021-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68975

County of Franklin

City of Treasureton

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. .....

Registered No. 114

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 8, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm George Crockett	FULL MAIDEN NAME	Mary Ann Cole
RESIDENCE	Treasureton, Idaho	RESIDENCE	Treasureton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE		BIRTHPLACE	Treasureton, Idaho
OCCUPATION	Preston, Idaho Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 PM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed June 2 1919 Dr A R Cull

Registrar

Registrar

669-205-021-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

68976

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 113

FULL NAME OF CHILD .... Bernice McCarrell Workman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 5 1919

FATHER	MOTHER
FULL NAME: Merl Workman	FULL MAIDEN NAME: Rhoda McCarrell
RESIDENCE: Riverdale, Idaho	RESIDENCE:
COLOR: White	COLOR: Riverdale, Idaho White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Camas, Utah.	BIRTHPLACE: Mercer, Utah
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth .... 2 .... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... (Born alive or stillborn) at 3.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 2 19 9 D. A. Cullen Registrar

MAY 21 1942

249-201-021-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 68977

Registered No. 112

FULL NAME OF CHILD Ruth Burbank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 1, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham M. Burbank	FULL MAIDEN NAME	Electa Gardner
RESIDENCE	Mapleton, Idaho	RESIDENCE	Mapleton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Brigham City, Utah.	BIRTHPLACE	Deweyville, Utah.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho.

Filed June 2 1919 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1943

666-209-021-593

PLACE OF BIRTH Amended 8/8/79

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

Registration District No. 27

File No. 68978

No. ..... St.

Primary Registration District No. 2119

Registered No. 104

Hospital .....

FULL NAME OF CHILD Maxine Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kenneth J Wood	FULL MAIDEN NAME	Anna Johanna Vrahweg
RESIDENCE	Dayton - Clifton	RESIDENCE	Dayton - Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Clifton Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 31 1919 Dr A R Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1968

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
AUG 30 1979
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 68978

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wood (Name on Original Certificate) who born (Was Born or Died) on May 9, 1919 (Date of Event)
in Clifton-Dayton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on May 9, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Maxine Wood
City of Birth	Clifton-Dayton	Dayton, Idaho
Mother's Maiden Name	Anna Joassn Vichweg	Anna Johanna Vichweg

Subscribed and sworn to before me this 26 day of March 1979, 19

Dane L. Swanson
Notary Public, residing at Preston, Idaho
My commission expires 3/4/82
(Seal)

Signed Anna Johanna Vichweg Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clifton Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March 1979, 19

Dane L. Swanson
Notary Public, residing at Preston, Idaho
My commission expires 3/4/82
(Seal)

Signed Lillian V. Perkins
(Signature of Any Credible Person)

Clifton Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 2-9-59. one copy pd.

Diploma from Public schools of Idaho gives name as Maxine Wood dared May 10, 1933. viewed by ~~EWS~~

AUG 6 1975

Membership record from the LDS church gives name as Maxine Fisher born May 9, 1919 at Dayton, Idaho father;s name as Kenneth J. Wood and Anna Johanna Viehweg. Blessed July 6, 1919 and Baptized June 25, 1927. viewed by V. S.

Marriage Certif from Utah gives name as Kenneth J. Wood and Anna Johanna Viehweg married July 22, 1918 and Sealed July 5, 1950. viewed by V. S.

551-112-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 68979

Registered No. 105

FULL NAME OF CHILD Morgan David Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 12 1919

FATHER		MOTHER	
FULL NAME	Isaac M Evans	FULL MAIDEN NAME	Veleria Larson
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Riverdale	BIRTHPLACE	Mantaway Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:35 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed May 31 1919 D A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 2 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 68979

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Evans (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1919 (Date of Event)
in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Morgan David Evans

Subscribed and sworn to before me this 14th day of June, 19 68

Notary Public, residing at Preston, Idaho

My commission expires Feb 1, 1972

(Seal)

Signed Melissa Evans Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

CL 11-1-67.

FORM DH 60-155

LDS Church Cert. of Membership, blessed Aug. 3, 1919, gives full name as Morgan David Evans, born May 12, 1919 at Riverdale, Idaho to Isaac M. Evans and Veleria Larsen - viewed by VS.

JUL 19 1968

Request of LDS Birth Certificate of Morgan David Evans, born May 12, 1919 at Riverdale Idaho, to Isaac M. Evans and Veleria, blessed Aug. 3, 1919, baptized May 12, 1927, request made by Berdell C. McCurdy, Grace, Idaho, Ward Clerk - viewed by VS.

Own Child's Birth Cert. on file (Idaho Birth), #294106, gives father's name as Morgan David Evans - viewed by VS.

637-124-021-647

Form V. S. No. 11-C-25m-6-8-17

PLACE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68980

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 111

FULL NAME OF CHILD GARALD HENRY OLIVERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Elmer Oliverson	FULL MAIDEN NAME	Hazel Auger
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Glendale
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 21 1919 D R Cutler

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 68980

Date Filed June

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Garald Henry Oliverson who born on May 24-1919.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Glendale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Church record prepared on July 6, 1919, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Garald Henry Oliverson

Subscribed and sworn to before me this 14
day of February 1942

Notary Public, residing at Preston

My commission expires 9-1-44
(Seal)

Signed James Elmer Oliverson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... *St.*

Hospital .....

Registration District No. 2 7

Primary Registration District No. 2 1 1 9

File No. 68 9 8 1

Registered No. 1 1 0

FULL NAME OF CHILD Mary Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 26 1919

FATHER		MOTHER	
FULL NAME	Carl G. Anderson	FULL MAIDEN NAME	Lillian E. Gruning
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Loco. Fireman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

.....

.....

Address ..... 19 .....

Filed ..... 19 .....

Registrar

855-218-021-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 68982

Registered No. 109

FULL NAME OF CHILD Carma M. Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Franklin D. Hendricks	FULL MAIDEN NAME	Vilate Walker
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Richmond Utah	BIRTHPLACE	preston
OCCUPATION	Insurance salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alan R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston Idaho

Filed May 31 1919

D. A. R. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1967

912-217-[illegible]

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

[illegible] V. S. No. 11-C—25m-9-8-27

BUR[illegible]

68983

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 108

FULL NAME OF CHILD Verdell Rassmussen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Peter Rasmusen	FULL MAIDEN NAME	Sarah Jensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mantaway Utah	BIRTHPLACE	Mink Creek
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 31 1919 D A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-116-021-389

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 68984

Primary Registration District No. 2112

Registered No. 107

FULL NAME OF CHILD Keith Hickenlooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 16 1919

FATHER		MOTHER	
FULL NAME	Charles Hickenlooper	FULL MAIDEN NAME	Laura Christensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Mt. Pleasant, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 21 1919

D A R Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 ? 1957

215-113-021-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 68985

Primary Registration District No. 2119 Registered No. 106

FULL NAME OF CHILD Dewight Despain Sant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	May 18 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel L. Sant	Amy Despain
RESIDENCE	Clifton	Clifton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Clifton	Grant, Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:35 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R. Coulter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho

Filed May 21 19 17 D. A. R. Coulter

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8H-202-021-791

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 68986

Registered No. 183

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernon Gamboll	FULL MAIDEN NAME	Laura Pratt
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Fairview
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 21 1919

Dr A R Cutler
Registrar

Registrar

864-101-021-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68987

County of Franklin

City of Treasureton

Registration District No. 27

File No.

No. ..... St.

Primary Registration District No. 2119

Registered No. 102

Hospital

FULL NAME OF CHILD David Ross Godderidge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Godderidge	FULL MAIDEN NAME	Alice Effie Gomet
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed May 31 1919 D R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-127-021-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68988

County of Franklin

City of Preston

No. _____ St.

Hospital Home

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 128

FULL NAME OF CHILD Earl Dwaine Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	William E Smith	FULL MAIDEN NAME	Marteenie Rasmussen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Lago Idaho
OCCUPATION	Laborer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 4.30 A. M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Preston Franklin Co Idaho

Filed June 5 1919 Dr A R Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9½ lbs

459-116-021-276

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68989

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 57 File No. .....

Primary Registration District No. 2119 Registered No. 129

FULL NAME OF CHILD CLAY DEWITT MERRILL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Earl Merril	FULL MAIDEN NAME	Mary Viola Spongberg
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Ogden Utah
OCCUPATION	Carpenter	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co. Idaho

Filed 6/5 1919 Dr A R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

JUN 16 1942

155-227-021-813

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68990

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 123

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 27 1919

FATHER		MOTHER	
FULL NAME	Hans A Jensen	FULL MAIDEN NAME	Dale Bernice Hale
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed June 2 1919 D. A. R. Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-130-021-155

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of

No. Glendale Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

68991

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 124

FULL NAME OF CHILD Jesse Dewey Bergquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Bergquist	FULL MAIDEN NAME	Serena Alder Jensen
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	W / AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W / AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed June 2 1919 Dr. W. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

named from card
8/5/43 Z. J.

AUG 6 1943

753 - 207-021-331

V. S. No. [illegible]

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 68992

Primary Registration District No. 2119 Registered No. 125

FULL NAME OF CHILD Mona Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	May 7 1919

FATHER		MOTHER	
FULL NAME	Leo James Petersen	FULL MAIDEN NAME	Lillian Chloe Clayton
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 6 3 1919 D. A. R. Culter

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1971

262-220-021-318

Form V. S. ... 3-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. Riverdale Ward St.

Hospital

Registration District No. 27

Primary Registration District No. 2117

File No. 68993

Registered No. 127

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 20 1919

FATHER		MOTHER	
FULL NAME	Ira Andrew Bosen	FULL MAIDEN NAME	Zelda Taylor
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Registrar

Filed 6/3 1919 D. A. R. Culter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1965

551-217-021-572

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27

File No. 68994

Primary Registration District No. 2119

Registered No. 126

FULL NAME OF CHILD Virginia Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Smith Evans	FULL MAIDEN NAME	Ida Harrit Egbert
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Registrar

Filed 4/3 1919 Dr A R Cullen Registrar

2/6/41 L. D.

319-204-040-434

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shosh[redacted]

City of Mace

[redacted]gistration District No. 122

File No. 68995

No. ,

[redacted]imary Registration District No. 2200

Registered No. 104

Hospital

FULL NAME OF CHILD [redacted]ine Loretta Carroll

Sex of Child 7	Twi[redacted] Trip[redacted] or [redacted] and Number in order of birth — (T[redacted]nly in event of plural births)	Legitimate? 7	Date of birth 3 (Month) [redacted] (Day), 191[redacted] (Ye[redacted]

FATHER		MOTHER	
FULL NAME	John Carroll	FULL MAIDEN NAME	Mary McDonn[redacted]
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Eliza Walker

(Physician or Midwife)

Given name added from a supplemental report

, 19

Registrar

Address

Filed 3/10 1919 H C Mowery

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Shoshone }

Certificate No. 68995

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Anne Loretta Carroll (Name on Original Certificate) who born (Was Born or Died) on March 4th, 1919 (Date of Event) in Burke, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy (Bible Record, Insurance Policy, Etc.) (Also family history) prepared on Dec. 30, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Mar. 5	March 4 1919

Subscribed and sworn to before me this 22nd day of May, 1944.

Elsie M Ryan

Notary Public, residing at Wallace, Idaho.

My commission expires Feb 4th, 1945.
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

224 Cedar St. Wallace, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May 1944.

Elsie M Ryan

Notary Public, residing at Wallace Idaho

My commission expires 2/4/45
(Seal)

Signed Cecelia B. Chernodurow X
(Signature of Any Credible Person Other Than Previous Year)

Third & Bank Streets. Wallace, Idaho
(Street Address, City, State)

MAY 26 1944

815-119-016-236

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
[illegible]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 68996

Registered No. 1271

FULL NAME OF CHILD Ellis N. Hanks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 19 1919

FATHER		MOTHER	
FULL NAME	G. W. Hanks	FULL MAIDEN NAME	Lina E. Stone
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Idaho.

Filed June 16 1919

F H Cutler
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-102-016-613

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

68997

Registration District No. 147 File No. .....

Primary Registration District No. 2196 Registered No. 1272

FULL NAME OF CHILD Paul E. Knudsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 2 1919

FATHER		MOTHER	
FULL NAME	J. M. Knudsen	FULL MAIDEN NAME	Cora Fallon
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19 19 19 F. H. Coulter Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1948

MAY 2 0 1949

235-201-016-818

Amended 8-9-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 68998
Local Reg. No. 1273
Reg. Dist. No. 117

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)

a. (First): Marjorie

b. (Middle):

c. (Last): Stephens

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 1, 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Samuel

b. (Middle): B.

c. (Last): Stephens

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kentucky

10. USUAL OCCUPATION: Sugarman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha

b. (Middle):

c. (Last): Haynes

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kentucky

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. C. Patterson, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1919

22. REGISTRAR'S SIGNATURE: F. H. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 68998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stephans (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1919 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy-family record book prepared on 7/3/47(ins) 6/1/19(record book) are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Stephans	Marjorie Stephens
Name of Father	S. B. Stephans	Samuel B. Stephens

Subscribed and sworn to before me this 28TH day of June, 1967

Notary Public, residing at Burley, Idaho

My commission expires 13 Oct 1969

(Seal)

SEE ATTACHED STATEMENTS

Signed Marjorie Stephens Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of June, 1967

Notary Public, residing at Burley Idaho

My commission expires 6-1-71

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

530 E Main Dr Burley Idaho
(Street Address, City, State)

FORM DH 60-155

1 copy paid

3-10-64

Notarized Photo Copy of Pages from L.D.S. Family Record Book, gives one full name as Marjorie Faye Stephens, born June 1, 1919 at Burley, Idaho and another full name as Samuel B. Stephens - viewed by V.S. appears old and unaltered -

New York Life Insurance Co. Policy, dated July 3, 1947, No. 20 854 429 gives full name as Marjorie S. Anderson, born June 1, 1919 at Burley, Idaho - husbands full name is given as Harold A Anderson and daughter Karen Mae Anderson - viewed by V.S.

867-131-016-437

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

68999

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1274

FULL NAME OF CHILD John William Roper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Roper	FULL MAIDEN NAME	Tressa McGillin
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 Noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Registrar

Filed June 10 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1967

464-130-016-685

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-17

CERTIFICATE OF BIRTH

69000

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1275

FULL NAME OF CHILD Russell Freer Doman Doman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	May 30 1919 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Jacob Jake Doman		Elizabeth Elizabeth x Freer	Nancy Freer
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

..... Registrar

Filed June 10 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of child, in order of birth stated.

5/23/41 L. P.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 69000
Date Filed June 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unname male Doman (Name on original certificate) who was born (Was born or died) on May 30, 1919 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Burley Idaho High School records (Bible record, insurance policy, etc.) supported on 1933-1937 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name of child	unnamed Doman	Russell Freer Doman
Father's given name	Jake	Jacob
Mother's given name	Elizabeth	Elizabeth Nancy

Subscribed and sworn to before me this 22nd
day of May 1941
Notary Public, residing at Boise Ida.
My commission expires Apr 1/45
[SEAL]

Signed Martha D. Barnes (aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Boise Ada, R.F.D. #1
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of May 1941
Notary Public, residing at Boise Ida.
My commission expires Apr 1/45
[SEAL]

Signed Ruth B. Sanborn
(Signature of any credible person other than the previous affiant)
Wylie Lane Boise, Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

FEB 14 1944

PLACE OF BIRTH

County of Cassia

City of Burley

912 - 111 - 016 - 459

No. ..... St.

Hospital .....

STATE [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119

Primary Registration District No. 2196

File No. 59001

Registered No. 1276

FULL NAME OF CHILD Elmo Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 11th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Rasmussen	Sarah Dennington
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10, 1919 F. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 15 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 485 - 227
016 - 299

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lonsard

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 69002

Registered No. 127

FULL NAME OF CHILD Mynett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. S. Mynett	FULL MAIDEN NAME	Ruth Bright
RESIDENCE	Hazelton, Ida.	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Mo.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Registrar

Filed June 10 1919 F. H. Cutler
Registrar

817-223-016-544

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 69003

Primary Registration District No. 2196

Registered No. 1278

FULL NAME OF CHILD OPAL DARLENE ~~Hagendorn~~ HAGEDORN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. F. ~~Hagendorn~~ HAGEDORN	FULL MAIDEN NAME	Amy Emmons
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed June 10 1919 F. H. Cutler Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 21 1942 Certificate No. 69003

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Opal Darlene Hagedorn (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 23rd 1919 (DATE OF EVENT)

in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Hagendorn	Hagedorn
Name	Unnamed	Opal Darlene

Subscribed and sworn to before me this 19th day of December, 19 42

E. L. Truck

Notary Public, residing at Buhl, Idaho

My commission expires COMMISSION EXPIRES MARCH 15, 1945 (SEAL)

Signed Amy A Hagedorn (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Buhl, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Dec 19 42

Anna MacCament

Notary Public, residing at 204 Mt. Madeley Ave

My commission expires Feb. 4th 1943 San Fernando Calif. (SEAL)

Signed x Stanley E Hagedorn (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

10465 Ilex Ave Pacoima Calif. (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

DEC 24 1942

795-127-016=239

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

69004

File No. .....

Registered No. 1279

FULL NAME OF CHILD Lamoine Earl Preece

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	May 27 1919

FATHER	MOTHER
FULL NAME: W. E. Preece	FULL MAIDEN NAME: Nora Street
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 15 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ark.
OCCUPATION: Laborer	OCCUPATION:

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10, 1919

F. K. Cullen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/6/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. 14 10 32 AM '78 Certificate No. 69004

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Preece (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1919 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Preece	Lamoine Earl Preece

Subscribed and sworn to before me this 10th day of July, 1978

Florence Curtright

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Nora Caroline Baldwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of July, 1978

Stephen A. Bowater

Notary Public, residing at Burley

My commission expires for life

(Seal)

Signed Ruth M. Davis

(Signature of Any Credible Person)

500 Miller ave.

(Street Address, City, State)

Burley Idaho 83318

FORM DH 60-155

Certificate of divorce issued by the Circuit Court of Oregon for Columbia County gives name as Lamoine Earl Preece, minor child of Nora Preece, Plaintiff, and Earl Preece, Defendant. Divorce issued December 29, 1921.
Viewed by V.S.

Child used sept-father's name and no documents may be available under the Preece name. (Will try Census Record)

Will send statement from Midwife

Statement by mid-wife who attended mother when child was born gives name as Lamoine Earl Preece. Ruth M. Daivs, is also of sister of the mother. Family records also indicate name to be Lamoine Earl Preece.
Viewed by V.S.

418 - 113 - 016 - 413

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69005

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 216

File No. .....

Registered No. 1280

FULL NAME OF CHILD Dayley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 13, 1917

FATHER	MOTHER
FULL NAME: Heber Dayley	FULL MAIDEN NAME: Mary Matthews
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION:

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19, 1917 F. W. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69007

Coun[redacted]

City of Burley

259-107-016-155

No. ..... St.

Registration District No. 167

File No. .....

Primary Registration District No. 2196

Registered No. 1257

Hospital .....

FULL NAME OF CHILD Kenneth C. Keim

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. A. Keim	FULL MAIDEN NAME	Mary J. Jenkins
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ida.
OCCUPATION	Farming	OCCUPATION	Housef.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Ida.

Filed June 10 1919 F. H. Cutler Registrar

dup of 1919-72876

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Malheur }

Certificate No. 69007

OCT 13 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Ur. named Keim (Name on original certificate) who was born (Was born or died) on June 7, 1919 (Date of event)

in Declo, Cassia County, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on about time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Keim	Kenneth C. Keim

Subscribed and sworn to before me this 8th day of October, 19 41

Notary Public, residing at Ontario, Ore

My commission expires Jan. 15, 1945

[SEAL]

Signed Clyde Aaron Keim
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ontario, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 19 41

Notary Public, residing at Ontario

My commission expires Jan. 15, 1945

[SEAL]

Signed James Franklin Keim
(Signature of any credible person other than the previous affiant.)

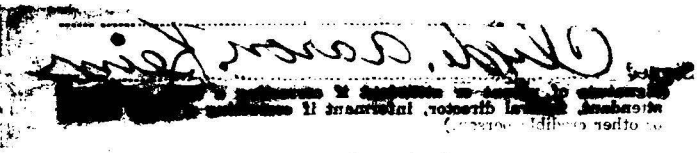
Ontario, Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 1[illegible] 1941

MAY 1 5 1981

[illegible]
[illegible] of [illegible] or [illegible] if [illegible]
[illegible]ntendant, [illegible] director, Informant if [illegible]
[illegible] other [illegible]



469-115-016-719

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69008

Registration District No. 167 File No. .....

Primary Registration District No. 2196 Registered No. 1260

FULL NAME OF CHILD Baby Clark Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 / 15 / 1917

FATHER		MOTHER	
FULL NAME	J. A. Morris	FULL MAIDEN NAME	Verda Clark
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cutler M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 1917 J. H. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-72877

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] [redacted] [redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69009

County of Kennedoka

City of Paul

255-215-034-713

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1259

FULL NAME OF CHILD Baby Keele

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	5/15/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Keele	FULL MAIDEN NAME	Josie Patten
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nt.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed June 10 1919

F. H. Cutler
Registrar

Registrar

dup of 1919-75831

753-123-[illegible]4-68

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69010

County of Minnedoka

City of Paul

Registration District No. 117

File No.

No. ..... St.

Primary Registration District No. 2196

Registered No. 1258

Hospital

FULL NAME OF CHILD Baby L. S. Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 23 1917

FATHER		MOTHER	
FULL NAME	L. S. Peterson	FULL MAIDEN NAME	Cora A. Whimpey
RESIDENCE	Hyburn	RESIDENCE	Hyburn
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Hsvf.

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida.

Filed June 10 1917

F. H. Cutter
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-73346

NOT

766 - 209 - 016 - 21 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2km-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 69011

Primary Registration District No. 2196 Registered No. 1264

FULL NAME OF CHILD Gweneth Laura Powell

Sex of Child Female | Twin / Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 9 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Ben Powell	FULL MAIDEN NAME Annie Bailey
RESIDENCE Burley, Idaho	RESIDENCE Burley, Idaho
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Albion - Idaho	BIRTHPLACE Uplon, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. T. Story M.D.

(Physician or midwife)

Address Burley Idaho

Filed June 10 19 19 F. H. Cutler Registrar

AUG 21 1953

313 - 120 - 016 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. — St.

Hospital

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69012

Registration District No. 167 File No.

Primary Registration District No. 2196 Registered No. 1262

FULL NAME OF CHILD Robert James Cater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 20 191[illegible]

FATHER		MOTHER	
FULL NAME	Fredrick Wm Cater	FULL MAIDEN NAME	Nellie Rogers
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Temple Tex.	BIRTHPLACE	La Bell Ranch now Burley
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:28 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. J. Story M.D.

(Physician or midwife)

Address Burley Ida.

Filed June 6 19 17 F. H. Carter Registrar

363-117-016-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69013

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 1263

FULL NAME OF CHILD ~~no name~~ IRA HUGH COLTRIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1917

FATHER		MOTHER	
FULL NAME	Ira H. Coltrin	FULL MAIDEN NAME	Ocea C. Lewis
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Woods Cross - Utah	BIRTHPLACE	Hooper, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. S. Story M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 1 D. 1917 F. H. Coltrin Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 69013
NOV 4 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 17, 1919 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Ira Hugh Coltrin

Subscribed and sworn to before me this 2d
day of November, 1942

Notary Public, residing at Burley, Idaho
My commission expires Feb. 20, 1946
(SEAL)

Signed Ira H Coltrin Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D., Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d
day of November, 1942

Notary Public, residing at Burley, Idaho
My commission expires Feb. 20, 1946
(SEAL)

Signed Ocea Lewis Coltrin Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R.F.D., Burley, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 28 1967

665-123-016-249

Form V. S. No. 11-C—[illegible]-8-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 69014

Primary Registration District No. 2196 Registered No. 1264

FULL NAME OF CHILD no name

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	May 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. W. Owens	FULL MAIDEN NAME	Priscilla Ann Smith
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sanford Colorado	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Ida.

Filed June 10 1919 F H Cutler

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-214-016-5-46

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69015

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 1265

FULL NAME OF CHILD Oka Joyce Eames

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Roy Eames	FULL MAIDEN NAME	Clarrissa Edwards
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Almo, Idaho	BIRTHPLACE	Almo Idaho
OCCUPATION	Merc. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 90 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. P. T.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida.

19

Registrar

Filed June 10 1919 F. H. Custer Registrar

JUN 19 1941

129-116-016-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 69017

Primary Registration District No. 2196 Registered No. 1267

FULL NAME OF CHILD ✓ Howard Albert Abrams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓		May 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alle Abrams	FULL MAIDEN NAME	Myrtle Child
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	France	BIRTHPLACE	Weber Co. Utah.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D. P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida.

Filed June 16 1919 F H Cutler

Registrar

JUN 2 2 19[illegible]

719-112-016-785

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 69018

Primary Registration District No. 2196 Registered No. 1268

FULL NAME OF CHILD John Coleman Parke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Parke	FULL MAIDEN NAME	Lucile Pierce
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Davis Co. Utah	BIRTHPLACE	Springville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D. P.T.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida.

Filed June 10 1919 F. H. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1944

JUL 18 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
152-11-7-016-219

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

69019

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 1268

FULL NAME OF CHILD Vernum Arnold Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	May 17 19

FATHER		MOTHER	
FULL NAME	H. C. Austin	FULL MAIDEN NAME	Hattie Barnett
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 8 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 10, 1919 F. H. Carter

Registrar

449-120-016-449

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-5-17

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 69020

Registered No. 1270

FULL NAME OF CHILD Durfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				No.	May 20 1919

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Ethel Durfee
RESIDENCE		RESIDENCE	Alamo, Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Filed June 6 1919 F. K. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 19-314888

438-114-040-344

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69021

County of Shoshone

City of Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 105

Hospital Providence

FULL NAME OF CHILD Earl Louis McHarness

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Mch 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Louis McHarness	FULL MAIDEN NAME	Mary Emma Ladoucur
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 3

Filed 3/29 1919

H. C. Mowery
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-216-040-915

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 1 V V

File No. 69022

Primary Registration District No. 2200

Registered No. 109

FULL NAME OF CHILD Elizabeth Caroline Goff

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓		✓	Yes	Apr 16 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marvin Jacob Goff	FULL MAIDEN NAME	Lottie May Pankey
RESIDENCE	Burke, Ida.	RESIDENCE	Burke Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 4/26 1919 H. C. Mowry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1960

766-225-040-854

PLACE OF BIRTH

County of Shoshone

City of Black Bear

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 V File No. 69023

Primary Registration District No. 2709 Registered No. 117

FULL NAME OF CHILD Edna Lucille Goff

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 25 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar D. Goff	FULL MAIDEN NAME	Mary Alice Humphries
RESIDENCE	Black Bear, Ida	RESIDENCE	Black Bear Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) L B Stockslager MD

(Physician or midwife)

Address _____

Filed 4/26 1919 H. C. Mooney Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1944

449-120-040-769

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Shoshone

City of Burke

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69024

Registration District No. 122 File No. _____

Primary Registration District No. 2200 Registered No. 116

FULL NAME OF CHILD Gordon Murphy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	May 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Murphy	FULL MAIDEN NAME	Rosa Gordon
RESIDENCE	Burke Idaho	RESIDENCE	Burke Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Galena Kansas
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

(Signature) L B Stockslager M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 5/29 1919 [redacted] L. Mowery Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-120-040-513

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69026

County of Shoshone

City of Mullan

Registration District No. 122

File No.

No. ____ St.

Primary Registration District No. 22

Registered No. 104

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	March 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Roberts	Louise Eagher
RESIDENCE	Mullan Ida	Mullan Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	47	44
BIRTHPLACE	England	England
OCCUPATION	Watchman	Housework

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 A.M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Filed 3/22 1919 H C Mowery

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 7 2017

255-221-040-355

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69027

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 107

FULL NAME OF CHILD Betty Eleanor Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar 21 1919

	FATHER		MOTHER
FULL NAME	Gust Benson	FULL MAIDEN NAME	Betsey Linn
RESIDENCE	Burke Ida	RESIDENCE	Burke, Ida.
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace

Filed 3/25 1919 H. E. Mowery

Registrar Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
APR 3 1958
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone }

Certificate No. 69027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Benson (Name on Original Certificate) who born (Was Born or Died) on March 21, 1919 (Date of Event)
in Wallace (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 4, 1925 - viewed by v.s (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Betty Eleanor Benson
Father's Name	Gust Benson	
Mother's Name	Betsey Linn	

Subscribed and sworn to before me this 28th day of March, 1958.

Mary E. Ward

Notary Public residing at Wallace, Idaho
My commission expires Jan 1, 1962
(Seal)

Signed H. R. Mowery M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 1958.

Mary E. Ward

Notary Public residing at Wallace, Idaho
My commission expires Jan 1, 1962
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

Box 1166 Wallace, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCL 3-19-58 1 copy paid

Photocopy of Infantile Whole Life Policy, Metropolitan Life Insurance Company, dated May 4, 1925 gives name as Betty Eleanor Benson. viewed by V.S.

School Report Card, Shoshone County Public Schools dated for the school year 1924-1925 gives name as Betty Benson. viewed by V.S.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

DELAYED CERTIFICATE OF BIRTH
RECEIVED
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 24 1969
Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Betty
b. (Middle): Eleanor
c. (Last): Benson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 21 (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Gust
b. (Middle):
c. (Last): Benson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sweden

11a. USUAL OCCUPATION: MINER

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Betsy
b. (Middle):
c. (Last): Linn

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Sweden

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)
Mrs Gust Benson — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mrs Gust Benson

18c. ADDRESS: Wallace Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

249-216-040-295

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69028

County of Shoshone

City of Wallace Registration District No. 122 File No.

No. 120 Queen St. Primary Registration District No. 2200 Registered No. 108

Hospital

FULL NAME OF CHILD Anna Bell Burnett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	April 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oswald Burnett	Anna Binder
RESIDENCE	Wallace Ida	Wallace, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Iowa	Austria.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 20 1919 H C Mowry Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1975

318-117-040-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 127

No. ____ St.

Primary Registration District No. 2700

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69029

File No. [redacted]

Registered No. 110

FULL NAME OF CHILD Robert Lahaeffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	April 17 1919

FATHER		MOTHER	
FULL NAME	Gustaf Allgust Lahaeffer	FULL MAIDEN NAME	Lyna Delaney
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Oregon
OCCUPATION	Restaurantuer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 1:30 P.M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Filed 4/25 19 19 H C Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

386-119-040-294

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69030

County of Shoshone

City of Black Cloud

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 111

Hospital

FULL NAME OF CHILD

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 19 1919 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Joseph Thomas	FULL MAIDEN NAME	Sophie Bruner
RESIDENCE	Black Cloud Ida	RESIDENCE	Black Cloud, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Nebraska
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:48 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician or midwife

Given names added from a supplemental report.

Address Wallace Ida

19

Filed 4/25 1919 H.C. Mowery

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-213-040-689

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Black Cloud

Registration District No. 122

File No. 69031

No. _____ St.

Primary Registration District No. 2200

Registered No. 114

Hospital _____

FULL NAME OF CHILD Lucile Jordan

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Jordan	FULL MAIDEN NAME	Beatrice Whittaker
RESIDENCE	Black Cloud Ida	RESIDENCE	Black Cloud Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Alabama
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

Filed 5/15 1919 H C Mowery

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 1 1973

493-113-040-415

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69032

County of Shoshone

City of Wallace Registration District No. 122 File No.

No. St.

Hospital Providence Primary Registration District No. 2200 Registered No. 115

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 13 1919

	FATHER	MOTHER
FULL NAME	Robert Mills	Erma Daniels
RESIDENCE	Saltese Mont	Saltese Mont.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Wash.	Mont.
OCCUPATION	Sec. Foreman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Filed 5/16 19 19 H. G. Mowery

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-110-040-553

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 1 7 2 File No. 69033

No. ____ St.

Hospital Providence Primary Registration District No. 2100 Registered No. 113

FULL NAME OF CHILD Robert Franke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 10 1919

	FATHER	MOTHER
FULL NAME	Andrew Frank	FULL MAIDEN NAME Emma Nelson
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE Ill.
OCCUPATION	Electrician	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Dr Mowry

Physicians

(Physician or midwife)

Address Wallace Ida

Filed 5/16 19 19 H. E. Mowry - Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-118-040-699

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69034

County of Shoshone

City of Wallace Registration District No. 172 File No.

No. St. Primary Registration District No. 2200 Registered No. 119

Hospital Providence

FULL NAME OF CHILD Lloyd Dale Babin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Dale Babin	FULL MAIDEN NAME	Ida Frisk
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 M. on the date above stated.

(Signature) D. P. Mowery

Physician (Physician or midwife)

Address Wallace Ida

Filed 5/26 19 19 H C Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-126-040-331

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69035

County of Shoshone

City of Wallace

Registration District No. 122

File No.

No. St.

Primary Registration District No. 2200

Registered No. 118

Hospital Providence

FULL NAME OF CHILD Maurice McNamee Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maurice McNamee	FULL MAIDEN NAME	Frances Clark
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address City

19

Filed 6/1 1919 H. C. Mowery

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-104-001-343

PLACE OF BIRTH Amended 11-27-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ____ St.

Registration District No. 11 File No. 69036

Hospital ____ Primary Registration District No. 2003 Registered No. ____

FULL NAME OF CHILD Myron Everett Prow
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	2-4-1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oral Ray Prow	FULL MAIDEN NAME	Vernie Mae Culver
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. F. Neal

Physicain
(Physician or midwife)

Address Meridian

Filed June 13, 1919 Alice A. Dutton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
NOV 21 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 69036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Byron Everett Prow (Name on Original Certificate) who was born (Was Born or Died) on 2-2-19 (Date of Event)
in Meridian (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on May 31, 1928 (Give Date), are:
Bible Record Old record Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Byron Everett	~~Byron Everett~~ Myron Everett
Date of Birth	2-2-19	2-4-19

Subscribed and sworn to before me this 19th day of November 1956
Wm. Dean Mayes
Notary Public, residing at Meridian, Idaho
My commission expires Sept 10, 1960
(Seal)

Signed Vernie Prow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of November 1956
Wm. Dean Mayes
Notary Public, residing at Meridian, Idaho
My commission expires Sept 10, 1960
(Seal)

Signed Mrs Gertie Eggers
(Signature of Any Credible Person)
534 E Idaho - Meridian Idaho
(Street Address, City, State)

FORM DPH 56. 155

1 copy pd

844-205-001-555

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.R.1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 11

Primary Registration District No. 2003

89037

File No.

Registered No.

FULL NAME OF CHILD Billy Louise Hudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	2 5 1919

FATHER		MOTHER	
FULL NAME	Frank C. Hudson	FULL MAIDEN NAME	Mary Etta Needles
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-30 P. M. on the date above stated.

(Signature) W. F. Neal

Physician
(Physician or midwife)

Address Meridian

Filed June 13 1919 Ollie O. Sutton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1966

JUL 2 1 ...

416-210-001-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R.1 St.

Hospital

Registration District No. 11

Primary Registration District No. 2013

File No. 69038

Registered No.

FULL NAME OF CHILD Edna Minnie Maw

Sex of Child	Twin Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	2 10 1919

FATHER		MOTHER	
FULL NAME	C. Roderic Maw	FULL MAIDEN NAME	Minnie Elizabeth Ulmer
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed June 13 1919 Alice R. Dutton Registrar

255-215-001-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—Mm-8-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69039

County of Ada

City of Nampa

No. RR3 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Nita Lois Sevedin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	2 (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Anthony Sevedin	FULL MAIDEN NAME	Isobel Farmer
RESIDENCE	Nampa RR3	RESIDENCE	Nampa RR3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed June 13 1919 Alice A. Dutton Registrar

367-226-001-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69040

County of Ada

City of Meridian

No. RR1 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Beatrice Marie Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	3 26 1919

FATHER		MOTHER	
FULL NAME	Burton B. Cox	FULL MAIDEN NAME	Julia I. McVermott
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Miss.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Meridian

Filed June 13 1919 Alice A. Cutler

Registrar

349-230
001-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69041

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 203

File No. .....

Registered No. .....

FULL NAME OF CHILD Icel Belle Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Millard F. Turner	FULL MAIDEN NAME	Lulu Young
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	expressman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Registrar

Filed June 13 1919 Alice A. Dutton Registrar

MAY 28 1551

795-102
001-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69042

County of Ada

City of Boise

Registration District No. 11

File No.

No. 412 State St.

Primary Registration District No. 2003

Registered No.

Hospital St. Alphonsus

FULL NAME OF CHILD George Raymond Gregory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Gregory	FULL MAIDEN NAME	Mable C. Rivers
RESIDENCE	Meridian RR. 1	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Registrar

Filed June 13 1919 Alice A. Dutton Registrar

844-207-001-962

PLACE OF BIRTH

[redacted]

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

69043

County of Ada

City of Meridian

No. 12122 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No.

Registered No.

FULL NAME OF CHILD Audrey Jeanette Hudson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	4 (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Dewey C. Hudson	FULL MAIDEN NAME	Edna E. Ross
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Maine
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Registrar

Filed June 13 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-113

[redacted]

PLACE OF BIRTH

001-298

Form V. S. No. 11-G—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69044

County of Ada

City of Meridian

No. RR3 St.

Registration District No. 11

File No.

Primary Registration District No. 2013

Registered No.

Hospital

FULL NAME OF CHILD James Clifford Wiedeker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Wm Wiedeker	FULL MAIDEN NAME	Grace Edna Bryce
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Rancher.	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1630 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed June 13 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-8-41

OCT 2 2 1969

359-115-002-189

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69045

County of Ada

City of Meridian

Registration District No. 11

File No.

No. 111 St.

Primary Registration District No. 283

Registered No.

Hospital

FULL NAME OF CHILD Harold Elwin Leininger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 15 1919

FATHER		MOTHER	
FULL NAME	Mark Geo. Leininger	FULL MAIDEN NAME	Eugenia IHRIG
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Address Meridian

Filed June 13 19 19 Alice A. Dutton
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... } ss.
County of..... }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or death)

for..... (Name on original certificate) who..... (Was born or died) on..... (Date of event)

in..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by..... (Bible record, insurance policy, etc.) prepared on..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
mother's name	Edna Irig	Eugenia Ihrig

Subscribed and sworn to before me this 23rd day of January 1943

Claude R. Davis
Notary Public, residing at Boise Idaho

My commission expires July 14, 1944
[SEAL]

Signed Mrs Eugenia Ihrig Leininger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Meridian Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of..... } ss.
County of..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

Notary Public, residing at.....

My commission expires.....
[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on..... by.....
(Registrar's signature)

JUL 9 1973

464-102-001-285

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 69046

Primary Registration District No. 2013

Registered No. ____

FULL NAME OF CHILD Norvin Halbert Dodds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 2 1919

FATHER		MOTHER	
FULL NAME	Jessie McCright Dodds	FULL MAIDEN NAME	Ina L. Sherman
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Bank Cashier	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed June 13 1919 Alice A. Dutton

S-Y-CO 38071 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 11 1955

715-118-001-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 69047

No. R.R. 2 St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD George Van Paepeghem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 18 1919

FATHER		MOTHER	
FULL NAME	Jno Van Paepeghem	FULL MAIDEN NAME	Littie A. Sherry
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Belgium	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed June 13 1919 Alice A. Sutton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1971

249-105-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R.R. 2 St.

Hospital

Registration District No. 11 File No. 69048

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Louis Franklin Burri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 5 1919

FATHER		MOTHER	
FULL NAME	Wm F. Burri	FULL MAIDEN NAME	Geneva Yoder
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Meridian

Filed June 13 1919 Alice A. Sutton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1942

331 - 107 - 001 - 259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69049

County of Ada

City of Meridian Registration District No. 11 File No.

No. RR1 St. Primary Registration District No. 203 Registered No.

Hospital

FULL NAME OF CHILD Donald Hugh Clark

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	5 7 1919

FATHER		MOTHER	
FULL NAME	A. Bert Clark	FULL MAIDEN NAME	Lulu B. Keith
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. Neal

Physician

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 13 1919 Alice A. Hutton

Registrar

5-Y-CO 38071

JUL 22 1959

249-116-001-546

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69050

County of Ada

City of Meridian

No. RR 3 St.

Hospital

Registration District No. 11

File No.

Primary Registration District No. 203

Registered No.

FULL NAME OF CHILD Robert Edward Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 16 1919

FATHER		MOTHER	
FULL NAME	Robert H. Smith	FULL MAIDEN NAME	Florence M. Edwards
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Automobile Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed June 13 1919 Alice A. Sutton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 11

812-120-001-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69051

County of Ada

City of Meridian — Registration District No. 11 — File No.

No. RR1 St. — Primary Registration District No. 203 — Registered No.

Hospital

FULL NAME OF CHILD George Lewis Yakomeit

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	5 20 1919

FATHER	MOTHER
FULL NAME Frank R. Yakomeit	FULL MAIDEN NAME Wilma L. Lewison
RESIDENCE Meridian	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Germany	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or midwife)

Address Meridian

Filed June 13 1919 Alice A. Hutton Registrar

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-204-011-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

BU[redacted]AHO
[redacted]STATISTICS
[redacted]TE OF BIRTH

69052

County of Boundary

City of Naples

No. ..... St.

Registration District No. 79

File No. .....

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roberta Rose Dutton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 4 — 1919

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank E. Dutton	FULL MAIDEN NAME Barbara A. Smith
RESIDENCE Naples, Ida.	RESIDENCE Naples, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minn.	BIRTHPLACE New York
OCCUPATION Lumberjack	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 3.35 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Dutton

Father

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Naples, Ida.

..... Registrar

Filed 3/11/1919 E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
BUREAU OF VITAL S

OCT 25 1965

418-107-011-793

PLACE OF BIRTH

Amended 5/7/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 2156

File No. 69053

Registered No. .....

FULL NAME OF CHILD Arthur Henry Mayer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—	—	—	yes	Mar. (Month) 7th (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Mayer	FULL MAIDEN NAME	Matilda Gillard
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Idaho.

Filed 3/9/1919

..... Registrar

E E Free Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 17 1941

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 3 19 PM '79

State of _____ } ss.
County of _____

Certificate No. 69053
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Henry Arthur Mayer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar. 7, 1919 (Date of Event)

in Bonners ferry, Idaho (Boundary) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Henry Arthur Mayer	Arthur Henry Mayer

Subscribed and sworn to before me this 18 day of April, 1979.

Notary Public, John J. Chapman
Residing at Deer Park, Wash
My commission expires June 15, 1981
(Seal)

X Arthur H Mayer
Signature of Applicant

X Box 86 Elk Wash 99009
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 3/26/79 RUCH

Certif of Promotion to the High school, Bonners Ferry, Idaho gives name as Arthur Mayer. dated May 24, 1935. viewed by V. S.

MAY 7 1979

Honorable Discharge from the US Army gives name as Arthur H. Mayer. born May 7, 1919 at Bonners Ferry, Idaho. date of Separaton Feb 23, 1946. ~~xiw~~ viewed by VS.

913-213-011-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 69054

No. ..... St.

Primary Registration District No. 215-6

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Bernice Rath

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Mar. 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom E. Rath	FULL MAIDEN NAME	Catharine H. Johnson
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed Mar. 18 1919

E. E. Frey
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1 1942

455-113-011-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 77 File No. 69055

No. ..... St. Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Scott Meeker.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Mar. 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Meeker	FULL MAIDEN NAME	Margaret Trolan
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis.	BIRTHPLACE	Penn.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed 3/13/1919 E. E. Fry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-6-118-011-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 11 — File No. 6 90 56

No. ..... St. — Primary Registration District No. 11-6 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Orville Conway Knowles

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	Mar. 18 — 19

FATHER		MOTHER	
FULL NAME	Leonard Lewis Knowles	FULL MAIDEN NAME	Edna Shafer
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ida.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed 3/19/ 19 19 E E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KNOLES

NOT

418-121-011-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 71 File No. 69057

No. ..... St. Primary Registration District No. 215-6 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ivar Bjarne Lauritz Dahlen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	March 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hartwig Dahlen	FULL MAIDEN NAME	Ingrid Johnson
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida

Filed 3/21/1919 E. E. Fry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

629-228-011-123

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69058

County of Boundary

City of Bonners Ferry Registration District No. 11 File No.

No. St.

Primary Registration District No. 216 Registered No.

Hospital

FULL NAME OF CHILD Lila Lavonia O'Brien

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Mar. 28 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Bryan O'Brien	FULL MAIDEN NAME	Ella Ableman
RESIDENCE	Lena, Ida.	RESIDENCE	Lena, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	West
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Registrar

Filed 4/1/1917

E E Fry

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-204-011-631

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69059

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St. Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Nevada Eudalia States

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Apr. 4 1917

FATHER		MOTHER	
FULL NAME	Arthur J. States	FULL MAIDEN NAME	Nellie Blair
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7.30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fros
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 6/7/19 E. E. Fros
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-210-011-961 ADDED CHILD'S NAME 3-5-96 MS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69060

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD LILLIAN MAY COWELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Apr. 10 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. B. Cowell	FULL MAIDEN NAME	Hazel Roach
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kan.	BIRTHPLACE	Tenn.
OCCUPATION	Laborer (Sawmill)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 4/11/1919 E. E. Frey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-4-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

RECEIVED
MAR 04 1996
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington } ss.
County of Spokane }

Certificate No. 69060
Date Filed APR. 11, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cowell (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 10, 1919 (Date of Event)

in Bonners Ferry (Boundary) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Cowell	Lillian May Cowell

Subscribed and sworn to before me this 10th day of February, 1996.

Notary Public, [signature]
Residing at Spokane
My commission expires June 10, 1999
(Seal)

[signature] Lillian M Bush
Signature of Applicant

E727 Central Spokane Wa 99201
Street Address, City, State

DAVID M. HOUSTON
NOTARY PUBLIC
STATE OF WASHINGTON
JUNE 10, 1999

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____.

Notary Public _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

fee paid

MAR 0 5 1996

Washington State Certificate of Birth filed AUG. 1, 1944 file #2078 shows Judith Ann Bush born July 22, 1944 in Spokane (Spokane) WA to Charles Jesse Bush and Lillian May Cowell viewed VS.

COMMUNITY PROPERTY AGGREEMENTS OF CHARLES J. BUSH AND LILLIAN M. BUSH DATED MAY 27, 1977 VIEWED VS.

319 - 215 - 011 - 866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 215-6

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69061

File No. .....

Registered No. .....

FULL NAME OF CHILD Caroline Eloise Garrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Apr. 15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry B. Garrett	Lovina Hooker
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	41
BIRTHPLACE	Iowa.	Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/16/1919

E. E. Fry Registrar

OCT 8 1956

242-117-011-5-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary.

City of Bonners Ferry Registration District No. 79

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-17

CERTIFICATE OF BIRTH

69062

File No. .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD ~~Frederick~~ James Bush

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Apr. 17, 19

FATHER		MOTHER	
FULL NAME	Louis K. Bush	FULL MAIDEN NAME	Bessie M. Eaton
RESIDENCE	Mead, Wash.	RESIDENCE	Mead, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Iowa
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bonners Ferry, Ida.

Filed 4/18 1919

[signature]
Registrar

2/13/41 L. B.

PLACE OF BIRTH 789-220-011-249 Amended Dec. 18, 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Naples

No. ____ St.

Registration District No. 79 File No. 69063

Hospital ____ Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Mary Easter Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 20, 1919

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Phillips	FULL MAIDEN NAME	Alda Smith
RESIDENCE	Naples, Idaho	RESIDENCE	Naples, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ark.
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

Filed 4-20-1919 192 E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marie Ester Phillips (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1919 (Date of Event)
in Naples, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on December 19, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Spelling of name	Marie Ester Phillips	Mary Easter Phillips

Subscribed and sworn to before me this 14 day of December, 1950

Notary Public, residing at Sandpoint, Idaho
My commission expires 1-1-1954
(Seal)

Signed Mary Easter Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 N. Boyer - Sandpoint Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho,
County of Bonner, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of December, 1950

Notary Public, residing at Sandpoint
My commission expires 1-1-1954
(Seal)

Signed Leonard R. Holst
(Signature of Any Credible Person)

Sandpoint Idaho
(Street Address, City, State)

ד"ר ח"ש

625-223-011-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69064

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Doris Lovette O'Keefe

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John O'Keefe	FULL MAIDEN NAME	Barbara H. Chervancha
RESIDENCE	Bonners Ferry Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 4/26/1919 E E Fry Registrar

653-129-011-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Moravia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

Registration District No. 79

Primary Registration District No. 215-6

File No. 69065

Registered No. .....

FULL NAME OF CHILD Lee Wells

Sex of Child: male

Twin / Triplet / or other? – and Number in order of birth – (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: April (Month) 29th (Day) 1919 (Year)

FATHER

FULL NAME: Arthur E. Wells

RESIDENCE: Moravia, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Ada Bellows

RESIDENCE: Moravia, Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Banners Ferry, Idaho.

Filed 5/31/1919

E. E. Fox Registrar

JUL 31 1947

AUG 1947

OCT 22 1968

718-104-011-25-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 69066

No. ..... St. Primary Registration District No. 2186 Registered No. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

FULL NAME OF CHILD William Larry Gay

Sex of Child: Male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 4 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Albert Chas. Gay

RESIDENCE: Bonners Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Alberta, Can.

OCCUPATION: Drug Clerk.

MOTHER

FULL MAIDEN NAME: Ethel E. Berger.

RESIDENCE: Bonners Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Pa.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/6/19 E. E. Fry Registrar

351-106-011-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69067

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St.

Primary Registration District No. 3136. Registered No.

Hospital B. F.

FULL NAME OF CHILD Kent Edwin Leader

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	May 6 — 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Leader	FULL MAIDEN NAME	Zoe Kent
RESIDENCE	Libby, Mont.	RESIDENCE	Libby, Mont.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho.
OCCUPATION	Sales Mgr. - Lumber Co.	OCCUPATION	Housewife - H

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bonners Ferry, Ida.

Filed 5/8/19

E. E. Fry Registrar

2 c.c. 5/7/41. W.H.

APR 28 1943

351-209-011-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69068

County of Boundary

City of Meadow Creek

Registration District No. 79

File No.

No. St.

Primary Registration District No. 215-6

Registered No.

Hospital Katharine

FULL NAME OF CHILD May ~~Elizabeth~~ Leaper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May 9 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Leaper	FULL MAIDEN NAME	Jessie Bennie
RESIDENCE	Meadow Creek, Ida.	RESIDENCE	Meadow Creek, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 5/9/1919

E. E. Fry Registrar

JUL 13 1953

245-111-011-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

69069

Registration District No. 79 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Alva Lee Sundsmo

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 11 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Albert E. Sundsmo	FULL MAIDEN NAME Anna Siegel
RESIDENCE Bonners Ferry, Ida.	RESIDENCE Bonners Ferry, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Norway	BIRTHPLACE Wis.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5/11/19

E E Fry

Registrar

243-217-011-217

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 71 File No. 69070

No. ..... St. Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mariam Elizabeth Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Clyde Butler	FULL MAIDEN NAME	Nora Sage
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Frey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed 5/17/1919 E E Frey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1982

819-119-011-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69071

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 215-6 Registered No.

Hospital

FULL NAME OF CHILD Walter Harold Hartmann

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	May 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Hartmann	FULL MAIDEN NAME	Lena Hansen
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 5/31/1919 E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1954

319-128-011-795

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69072

County of Boundary

City of Copeland

Registration District No. 79 File No.

No. St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Arlin Winfield Carlock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm W. Carlock	FULL MAIDEN NAME	Golda Preston
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

Filed 5/28/19 19 E. E. Fry

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/18/41. w.h.

APR 27 1944

314-229-011-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79

No. ..... St. Primary Registration District No. 715-6

Hospital Bonners Ferry

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

69073

File No. .....

Registered No. .....

FULL NAME OF CHILD Vivian Isabella Cameron

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 29 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Duncan Cameron	FULL MAIDEN NAME	Ruth Chisholm
RESIDENCE	Port Hill, Ida.	RESIDENCE	Port Hill, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Bonners Ferry, Ida.

Filed May 31 1919

E E Fry Registrar

698-229-011-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. ~~No. 11-C~~ Mm 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69074

County of Boundary

City of Bonners Ferry

Registration District No. 79.

File No.

No. St.

Primary Registration District No. 2156.

Registered No.

Hospital

FULL NAME OF CHILD MARIAN Hilda ~~[illegible]~~ EVELYN Frykman.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Frykman	FULL MAIDEN NAME	Olga Falk
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer (Sawmill)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 6/1 1919

E. E. Fry
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Pend Oreille } ss.

Certificate No. 69074
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth of Marian Hilda Evelyn Frykman (Birth or Death) for Hilda Marie Frykman (Name on Original Certificate) who Was Born (Was Born or Died) on May 29 - 1919 (Date of Event) in Bonners Ferry Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the true facts are shown by Record of Dr E.E. Fry (Bible Record, Insurance Policy, Etc.) prepared on May 29-1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hilda Marie Frykman	[redacted]
	Hilda Marie Frykman	Marian Hilda Evelyn Frykman

Subscribed and sworn to before me this 3rd day of August, 1944

J. F. Lavigne
Notary Public, residing at Cusick Wash.
My commission expires June 25-1941
(Seal)

Signed Mrs Oscar Frykman mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cusick Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Pend Oreille } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1944

J. F. Lavigne
Notary Public, residing at Cusick Wash.
My commission expires June 30-1941
(Seal)

Signed Oscar Frykman
(Signature of Any Credible Person)
Cusick Wash.
(Street Address, City, State)

Return this letter with 20c for each certified copy. No personal check or stamps accepted
Bureau of Vital Statistics
Boise, Idaho
AUG 7 1944

AUG 9 1944

666-230-011-719

Amended 4/4/79

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-6-17

CERTIFICATE OF BIRTH

69075

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Reva Justine Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 30 1979

FATHER		MOTHER	
FULL NAME	Hugh Wood	FULL MAIDEN NAME	Margaret Parker
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Virg.
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.0 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/30/ 19 79 D E Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 12 1 54 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Boundary }

Certificate No. 69075

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Riva Justine Wood (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1919 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by she was born at home and I am her aunt and was present in the home at the time of her birth. I was 17 years old at the time her prepared on (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Riva Justine Wood	Reva Justine Wood

Subscribed and sworn to before me this 15th day of May, 1973.

Grace W. Mead

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
My commission expires Residing at Bonners Ferry, Idaho
(Seal) My commission expires August 6, 1973

Signed Mary A. Vold (aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Bonners Ferry, Idaho 83805
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/20/73 lbc pd. rec.# 12852

Page from the family Bible gives name as Reva Justine Wood bon May 30,1919
viewed by V. S.

APR 4 1979

School transcript from Oregon Public achools. entered grade 3, 1926
gives name as Reva Justine Wood. May 30, 1919 in Bonners Ferry, Idaho.
parent's name as Hugh wood. viewed by V. S.

291-102-011-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69876

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St. Primary Registration District No. 3156 Registered No.

Hospital

FULL NAME OF CHILD William Walter Branham

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	June 2 — 19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Van Branham	FULL MAIDEN NAME	Frances Moore
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

19

Registrar

Filed 6/2/19

S E Fry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-203-011-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 69077

No. ..... St.

Hospital Bonners Ferry Primary Registration District No. 3156 Registered No. .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rim-6-8-17

FULL NAME OF CHILD Ellen Lucile Fred.

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) June (Day) 3 (Year) 19 9
Female		yes	

FATHER		MOTHER	
FULL NAME	Axel J. Fred.	FULL MAIDEN NAME	Ingeborg Andersen.
RESIDENCE	Moravia, Ida.	RESIDENCE	Moravia, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Sweden.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Given names added from a supplemental report. .....19.....

Address Bonners Ferry, Ida.

..... Registrar

Filed 6/3/19 19. E E Fry Registrar

MAY 1 1 1942

695-104-011-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of McArthur.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. 21

Primary Registration District No. 1156.

File No. 69078

Registered No. .....

FULL NAME OF CHILD Chas. Harold Finney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 4 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Finney	Olive May Dodge
RESIDENCE	McArthur, Ida.	McArthur, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Ill.	Idaho.
OCCUPATION	woodsman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Frey

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/14/19

D. E. Frey
Registrar

386-107-011-265

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

69079

County of Boundary

City of Bonners Ferry Registration District No. 71 File No.

No. St.

Primary Registration District No. 456 Registered No.

Hospital

FULL NAME OF CHILD Wm Fredrick Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Clayton Thomas	FULL MAIDEN NAME	Elma Bond
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah.
OCCUPATION	Laborer (Railway)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bonners Ferry, Ida.

Registrar

Filed 6/7/1919 E. E. Fry Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 8 1957

519-123-028-960

PLACE OF BIRTH

County of Kootenai

City of Springston

No. _____ St.

Hospital _____

11

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69082

Registration District No. 124 File No. 3

Primary Registration District No. 2204 Registered No. 7

FULL NAME OF CHILD _____

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jim Vaver	FULL MAIDEN NAME	Nora Rood
RESIDENCE	Springstone Ida	RESIDENCE	Springston Ida
COLOR	Jim	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	His	BIRTHPLACE	Iowa
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 23-19 at 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed June 1 1919 J M Finney

Registrar

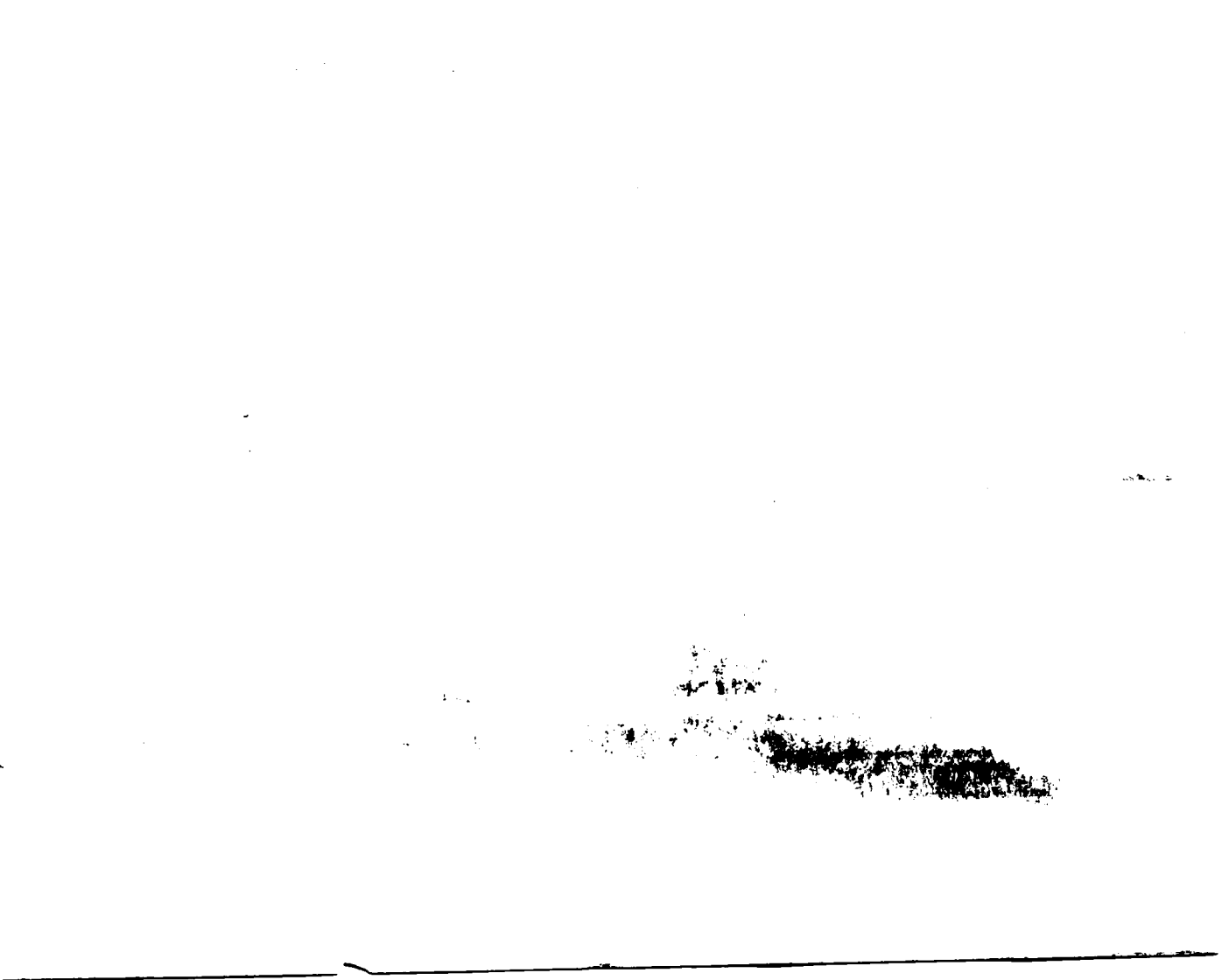
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-118-028-365

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____ St.

Hospital Lakeview

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69083

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 5

FULL NAME OF CHILD Lester Lloyd Smith

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth May 18 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Scott Smith

RESIDENCE Black Lake Ida

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Essie Long

RESIDENCE Black Lake Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 18-19 at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Tenney M D

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

....19....

Filed June 1 1919 J. W. Tenney
Registrar

....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(Z61

863-101-028-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69084

County of Kootenai

City of Black Lake

Registration District No. 136 File No. 2

No. ..... St.

Primary Registration District No. 2204 Registered No. 43

Hospital .....

FULL NAME OF CHILD NORMAN ELWYN HOCHREIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mar 1 1919

FATHER		MOTHER	
FULL NAME	John Hochrein	FULL MAIDEN NAME	Nannie Horn
RESIDENCE	Black Lake Ida	RESIDENCE	Black Lake, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Dubuke Iowa	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar 1-19 at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed May 1 19 J M Finney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69085

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 45

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			no	May 1 (Month) (Day) 1919 (Year)

FATHER

FULL NAME John Loyd Stone

RESIDENCE [illegible]

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Colville Wash

OCCUPATION Common Laborer

MOTHER

FULL MAIDEN NAME Virginia C Milnor

RESIDENCE Harrison Ida.

COLOR White AGE AT LAST BIRTHDAY 16 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on May 1 - 19, at 2:00 A M. on the date above stated.

(Signature) J M Tenney

Physician

(Physician or midwife)

Address Harrison Ida

Filed May 1 1919 J M Tenney

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

NAME CHANGE
TO DOFELMIRE

STEP FATHER

1269 [illegible]
215

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

[illegible] OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69087

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 47

FULL NAME OF CHILD Della Mae Boro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar 30 1919

FATHER		MOTHER	
FULL NAME	Willbright Boro	FULL MAIDEN NAME	Carrie Belle Bannard
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canada	BIRTHPLACE	Albany, Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake, Idaho.

Filed May 1 1919 J. M. Finney

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

SEP 14 1948

459-223-028-29

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1-C—25m-9-8-15

CERTIFICATE OF BIRTH

69088

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 48

FULL NAME OF CHILD ELEANOR MARY MEIKLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 23 1919

FATHER		MOTHER	
FULL NAME	T C Meikle	FULL MAIDEN NAME	Catherine Broderick
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar 23-19 at 11:50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fenning, Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed May-1 1919 J M Fenning
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Benewah } ss.

Certificate No. 69088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eleanor Mary Meikle

Subscribed and sworn to before me this 5 day of August 1942

Ray A Bowen

Notary Public, residing at

My commission expires (Seal)

Notary Public for the state of Idaho
Residing at St. Maries, Idaho
Commission Expires February 24, 1945

Signed Catherine A. Meikle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St Maries Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Benewah } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of August, 1942

Ray A Bowen

Notary Public, residing at

My commission expires (Seal)

Notary Public for the state of Idaho
Residing at St. Maries, Idaho
Commission Expires February 24, 1945

Signed Pearl W. Rainbolt
(Signature of Any Credible Person Other Than Previous Year)

St Maries Idaho
(Street Address, City, State)

AUG 7 1946

AUG 17 1942

364-107-028-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

09089

County of Kootenai

Amended 3-7-78

City of Harrison

Registration District No. 126

File No. 3

No. _____ St.

Primary Registration District No. 2204

Registered No. 48

Hospital _____

FULL NAME OF CHILD LENA BETHEL TOMLINSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fremont Tomlinson	FULL MAIDEN NAME	Nettie Batton
RESIDENCE	Harrison, Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Com. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mar 7 - 19 (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Harrison Ida

Filed May 1 1919 J. M. Finney Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 10 29 AM '78

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69089

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Tomlinson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar 7, 1919 (Date of Event) in Harrison, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lena Bethel Tomlinson
sex as	male	female

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 1977

Florence W. Chubb

Notary Public, residing at Puyallup

My commission expires April 30, 1979

(Seal)

Signed Sally B Reutter Sister 68
(Signature of Any Credible Person)

221 South 38th
(Street Address, City, State)
Tacoma Wash. 98408

FORM DH 60-155

CL 10/31/77 RUSH

School record issued by the Everett School District # 2 of Everett, Washington gives name as Bethel Lena Tomlinson and shows that she was born March 7, 191[illegible]
Her family was residing at 3525 Wetmore, Everett, Washington. School Census taken 1924.
Viewed by V.S.

Family record gives name as Bethel Lena Tomlinson born March 7, 1919 to Fremont Tomlinson and Nettie Batton, in Harrison Idaho. Original record old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison Registration District No. 136 File No. 3

No. _____ St.

Primary Registration District No. 2204 Registered No. 44

Hospital _____

FULL NAME OF CHILD Anona Hazel Pugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Forrest Pugh	FULL MAIDEN NAME	Hazel York
RESIDENCE	Harrison, Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash	BIRTHPLACE	Harrison Ida.
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 26-19 (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Harrison Ida.

Filed May 1 1919 M. Finney Registrar

S-Y-[illegible] [illegible]

OCT 28 1942

SEP 27 1963

466-210-028-249

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 69091

Primary Registration District No. 2204 Registered No. 4

FULL NAME OF CHILD Irene Matilda Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 10 1919

FATHER		MOTHER	
FULL NAME	Ray E Moore	FULL MAIDEN NAME	Lucy Smith
RESIDENCE	St Maries Ida R R	RESIDENCE	St Maries Ida R R
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Wis
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 10-19, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kinney M D
Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 1 19 19 J M Kinney
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1945

APR 7 1944

269-213-028-251

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69092

Registration District No. 126 File No. 3

Primary Registration District No. 2204 Registered No. 3

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Edward Sove	FULL MAIDEN NAME	Cora Alva Seat
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Wash
OCCUPATION	Cord Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 13-19 at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19__

Filed May 1 1919 J M Finney
Registrar

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LOVE

DUP OF 1919-349712

456-124-042-561

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [redacted] No. 11-G—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 69093

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 37

FULL NAME OF CHILD Edwin Noah Hook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Hook	FULL MAIDEN NAME	Gertrude Noah
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. H. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

..... Registrar

Filed May 31 1919 Mrs Anna Jamison

235-221-042-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

Registration District No. 36 File No. 69094

No. ..... St.

Primary Registration District No. ..... Registered No. 36

Hospital Home

FULL NAME OF CHILD Leverda May Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ross Stevens	FULL MAIDEN NAME	Effie M. Hartley
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. Car.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. H. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

..... Registrar

Filed May 31 1919 Mrs Anna Jamison Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-115-042-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—25m-9-6-17

CERTIFICATE OF BIRTH 69095

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 35

FULL NAME OF CHILD Jesse Monroe Hunks

Sex of Child	Twin / Triplet / or other (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 16 1919

FATHER		MOTHER	
FULL NAME	James Hunks	FULL MAIDEN NAME	Pearl L. Crockett
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Rock Creek Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.46 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

..... M. D.
(Physician or midwife)

Address Kimberly

Filed May 31 1919 Mrs. Anna Jamison

APR 30 1942

236 - 211 - 042 - 419

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2km-6-8-17

69096

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 34

FULL NAME OF CHILD ..... Dresse Lillian Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 11 1919

FATHER	MOTHER
FULL NAME: Paul W. Scott	FULL MAIDEN NAME: Lillian E. Martin
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Neb
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth .... 2 ... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born Alive ..... (Born alive or stillborn) at 8.46 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

..... Registrar

Filed May 31 1919 Mrs. Anna Jamison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

294-210-042-289

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69097

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD Jessie Margarite Kimpton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	A. O. Kimpton	FULL MAIDEN NAME	Jessie A. Shriver
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kimberly

Filed May 12 1919 Mrs. Anna Jamison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1942

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No.

County Twin Falls

Registered No. 33

Registration Dist. N

RECEIVED
NOV 30 1921
BUREAU OF VITAL STATISTICS

Sex of Child Female

Date of Birth May (MONTH) 10 (DAY) 1919 (YEAR)

Father A. O. Kimpton (FULL NAME)

Mother Jessie A. Shriver (FULL MAIDEN NAME)

I Certify that the child de

has been named:

Jessie Marguerite (GIVEN NAME IN FULL)

as reported by Mrs. A. O. K (FATHER OR MOTHER)

J. N. Davis (LOCAL REGISTRAR)

244-103-042-213

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69098

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. ..... St.

Primary Registration District No.

Registered No. 32

Hospital Home

FULL NAME OF CHILD Clinton Wilford Sudweeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don Sudweeks	FULL MAIDEN NAME	Elvia Batty
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly Idaho

Registrar

Filed May 31 1919 Mrs. Anna Jamison
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1969
AUG 5 1976

319-113-042-916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-6-8-17

69099

Registration District No. 36

Primary Registration District No. .....

File No. .....

Registered No. 30

FULL NAME OF CHILD George Thomas Carroll

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
			April 13 1919

FATHER

FULL NAME: Thomas Carroll

RESIDENCE: Murtaugh

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lydia Leonora Ranley

RESIDENCE: Murtaugh

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: House wife

Number of child of this mother, including present birth: 6. Number of children of this mother now living, including present birth: 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis M. D.

(Physician or midwife)

Address Kamberly Idaho

Filed May 29 1919 Mrs. Emma Jamison

763-203-042-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

69100

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 31

FULL NAME OF CHILD Mildred Ellen Potter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 3 1919

FATHER

FULL NAME Ben E. Potter

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lena N. Ray

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Tex

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed May 31 1919 Mrs. Anna Jamison

Registrar

AUG 4 1967

[redacted] 958-126-042926

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—Rev. 8-8-17

CERTIFICATE OF BIRTH

69101

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36

Primary Registration District No. .....

File No. 1

Registered No. 35

FULL NAME OF CHILD CHARLES DONALD REQUA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Requa	FULL MAIDEN NAME	Stella Erelena Ison
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly

Filed May 31 19 19 Mrs Anna Samson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

Mrs. Elmer S. Requa of Wendell Idaho

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

of Charles Donald Requa
if friend or otherwise, so state)

who was born near the city of Kimberly, County of Twin Falls
(was born, died)

on the 26 day of May, 1919, as stated in a certificate of birth
birth or

filed by Dr. J. N. Davis (deceased)
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Twin Falls, County of Twin Falls

Idaho, on the _____ day of _____ 19__.

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Charles Donald Requa should be added to his birth record

Mrs. Elmer S. Requa

Affiant [redacted]

(SEAL)

Address Wendell Idaho

Subscribed and sworn to before me this 23rd day of May 1941

G. D. McQuarrie

Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Gooding)

Elmer S. Requa of Wendell, Idaho.

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Elmer S Requa

Address Wendell Idaho

Subscribed and sworn to before me this 23rd day of May 1941

G. D. McQuarrie

Notary Public

(Seal)

c.c. 6/6/41. w.h.

JUN 16 1975

JAN 16 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

BUR[redacted] STATISTICS

[redacted] OF BIRTH

County of L[redacted]

City of Moscow

No. 469-225-029-386 St.

Registration District No. [redacted]

File No. 69102

Primary Registration District No. 1011

Registered No. 59

Hospital

FULL NAME OF CHILD Lois ~~Ilene~~ ARLENE Morgan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			~~Second~~	yes	May (Month) 25 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry S. Morgan	FULL MAIDEN NAME	Daisy Lyons
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hepner, Ore.	BIRTHPLACE	Cornwall, Ida
OCCUPATION	Meatpacker	OCCUPATION	Housewife

Number of child of this mother, including present birth second

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:40 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Fairfield D.O.

(Physician or midwife)

Given names added from a supplemental report

19

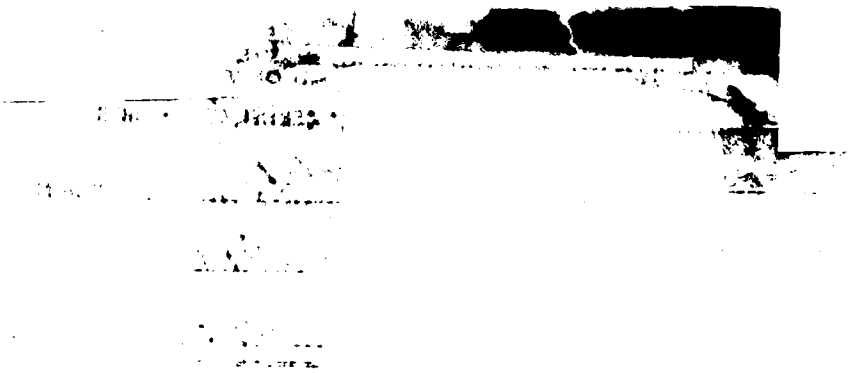
Registrar

Address Moscow Idaho

Filed May 30 1919 D. F. Rae

Registrar

S-Y CO. 20174



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Okanogan }

Certificate No. 69102

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lois Ilene (Name on Original Certificate) who born (Was Born or Died) on May 25 1919 (Date of Event)
in Moscow Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by — (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lois Ilene	Lois Arlene Morgan

Subscribed and sworn to before me this 7
day of June 1943

Notary Public, residing at Winthrop

My commission expires Jan 18 1945
(Seal)

Signed Mrs. Harry Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Winthrop Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Okanogan }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of June 1943

Notary Public, residing at Winthrop

My commission expires Jan 18 1945
(Seal)

Signed x Zagle D. McFarlane
(Signature of Any Credible Person Other Than Previous Year)

Winthrop Wn
(Street Address, City, State)

JUN 9 1943

415-120-029-314

[redacted]-15-12

PLACE OF BIRTH

STATE OF I[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

Registration District No. 61

File No. 69103

Primary Registration District No. 1011

Registered No. 57

FULL NAME OF CHILD Kirk Jamieson Davids

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer David	FULL MAIDEN NAME	Marguerite Cannaughton
RESIDENCE	~~White~~ Moscow, Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Maryland
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:[redacted] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carithers

M. D.
(Physician or midwife)

Address Moscow

Filed May 24 1919 D F Rae
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1952
AUG 12 1970

213-222-029-299

PLACE OF BIRTH

Form V. S. No. 11-C—Mar. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

File No. 69104

Primary Registration District No. 1011

Registered No. 53

FULL NAME OF CHILD BARBARA JOY Dorothy Jean Baldwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest J. Baldwin	FULL MAIDEN NAME	Madge Kring
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Chemist U. of I.	OCCUPATION	Housewife

Number of child of this mother, including present birth N Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed May 20 1919

D. F. Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1949

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 69104

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorothy Jean Baldwin (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1919 (Date of Event)

in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dorothy Jean Baldwin	Barbara Joy Baldwin

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed E J Baedwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

540 S. 9th Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of August, 1944.

Notary Public, residing at Pocatello, Idaho

My commission expires October 4, 1947

(Seal)

Signed Waelyn Oliver Attenborrow

(Signature of Any Credible Person)

615 South 6th Ave. Pocatello, Idaho

(Street Address, City, State)

AUG 18 1944

483-113-029-168

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital I. E. Hospital

Registration District No. 61

Primary Registration District No. 1011

File No. 69105

Registered No. 52

FULL NAME OF CHILD August Uhlenbusch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Uhlenbusch	FULL MAIDEN NAME	Rena Johnson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	S. D.
OCCUPATION	Hotel Prop.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow Ida

Filed May 20 1919

[signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-122-029-593

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gateway

Form V. S. No. 11-G—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 69106

Primary Registration District No. 1011

Registered No. 54

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 22 1919

FATHER		MOTHER	
FULL NAME	Edwin F. Smolt	FULL MAIDEN NAME	Teresa Wittman
RESIDENCE	Genesee, Idaho	RESIDENCE	Genesee, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisconsin	BIRTHPLACE	Chinatown, Wn.
OCCUPATION	Confectioner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. S. Thompson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow, Idaho.

Filed May 20 1919

D F Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-126-029-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Garfield St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 69107

Primary Registration District No. 1011 Registered No. 55

FULL NAME OF CHILD Wootten Raymond Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	April 26 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Crist Petersen	FULL MAIDEN NAME Jennie Sofia Swinson
RESIDENCE Moscow	RESIDENCE Moscow Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Sweden
OCCUPATION Janitor	OCCUPATION House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crist Petrson (Father of fc)

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 26 1919

.....
Registrar

S-Y CO. 20174

JUN 17 1944

817-118-029-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69108

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 6

Primary Registration District No. 11

File No.

Registered No. 5

FULL NAME OF CHILD Donald James Hagedorn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 18, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fredrick William Hagedorn	FULL MAIDEN NAME	Elizabeth Viola Scheyer
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho.

Filed 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 3 1942

419-225-029-667

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69109

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 4

Primary Registration District No. 1011

File No.

Registered No. 51

FULL NAME OF CHILD Alice Ann Martin.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 25, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Duncan Martin	FULL MAIDEN NAME	Maude Foglesong
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho.

Filed 4 1919

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 0 1959

FEB 20 1943

MAY 1 8 1953

249-116-029-287

PLACE OF BIRTH

Form V. S. No. 11-G—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69110

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1611

File No.

Registered No. 56

FULL NAME OF CHILD Theodore Thomas Burkart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 16, 1919

FATHER	MOTHER
FULL NAME: Fredrick Leo Burkart	FULL MAIDEN NAME: Carol Marion Byrnes
RESIDENCE: Moscow, Idaho.	RESIDENCE: Moscow, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Soils Dept. U. of I.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 3:00 P. M.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed May 20 1919

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

356-122-029-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. 320 E. 6. St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 69111

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 60

FULL NAME OF CHILD Howard Thompson Lewis Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 22 1919

FATHER		MOTHER	
FULL NAME	Howard Thompson Lewis	FULL MAIDEN NAME	Elsie Marie Stroud
RESIDENCE	Moscow Id.	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5/22 (Born alive or stillborn) at 1 1 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician

(Physician or Midwife)

Address Moscow Id.

Given names added from a supplemental report

....., 19.....

Registrar

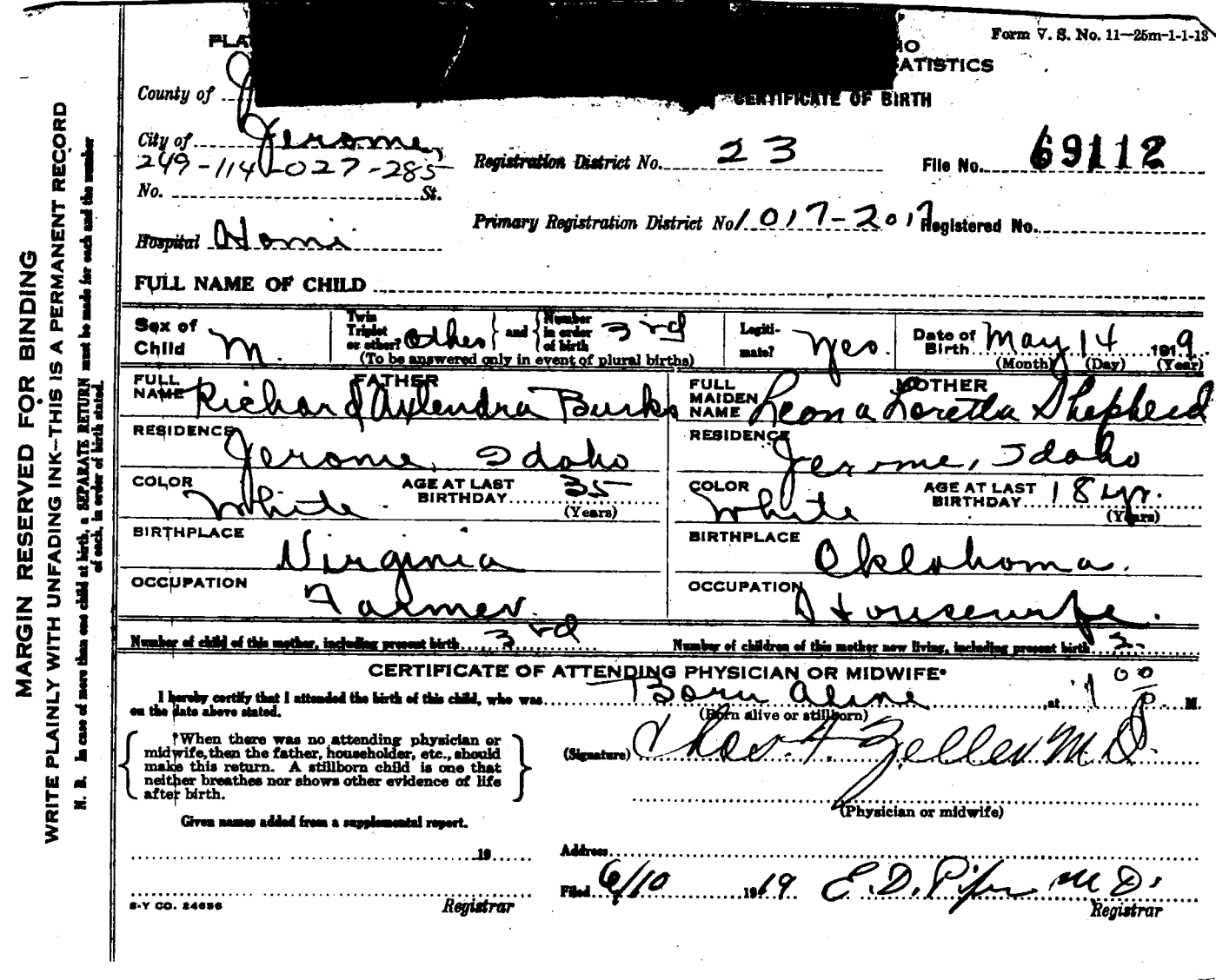
Filed ..... 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 15 1942

TATE



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLA[redacted]O
[redacted]ATISTICS

County of [redacted] CERTIFICATE OF BIRTH

City of Jerome

249-114-027-285

No. ..... St.

Registration District No. 23 File No. 69112

Primary Registration District No. 1017-2017 Registered No. .....

Hospital Home

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Other	3rd	Yes	May 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Aylendra Burks	FULL MAIDEN NAME	Leona Loretta Shepherd
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	18 yr.
BIRTHPLACE	Virginia	BIRTHPLACE	Oklahoma.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 00 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/10 1919 E. D. Piper M.D.

Registrar

Registrar

S-Y CO. 24656

386-102-027-259

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69113

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-201 Registered No.

Hospital Home

FULL NAME OF CHILD Marge Monroe Thompson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	other	(To be answered only in event of plural births)	yes	April 2nd 1919

FATHER

FULL NAME Adam Edgar Thompson

RESIDENCE Jerome, Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Blanch Perkins

RESIDENCE Jerome, Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1949 C. D. Pyke M.D.

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

633-108-027-812

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69114

County of Jerome

City of Jerome

Name added 4-29-81

No. _____ St.

Hospital None

Registration District No. 23

File No. _____

Primary Registration District No. 1017-2017

Registered No. _____

FULL NAME OF CHILD IVAN KARL OTTO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Henrick Otto	FULL MAIDEN NAME	Lydia Carolina Haberman
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 15/p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 6/10 1919 E D Pipes M.D.

Registrar

Registrar

S-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-5-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 10 2 58 PM '81

State of Idaho
County of Jerome } ss.

Certificate No. 69114
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Otto (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 8, 1919 (Date of Event)

in Jerome (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Ivan K. Otto

Subscribed and sworn to before me this 5th day of March, 19 81

Notary Public, Merna Johnson
Residing at Jerome Idaho
My commission expires Lifetime
(Seal)

x Ivan K. Otto
Signature of Applicant
Rt 2 Jerome Idaho 83338
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 19 81

Notary Public, Merna Johnson
Residing at Jerome Idaho
My commission expires Lifetime
(Seal)

Alton Russell
Supporting Signature
Rt 1 - Jerome Idaho
Street Address, City, State

Certificate of Examination by physician gives name as Ivan Kail Otto. Child born 6-8-1919. Certificate issued Sept 22, 1920. Jerome, Idaho
Viewed by U.S.

APR 29 1981

Cradle Roll Certificate certifies that Ivan Karl Otto child of Mr. & Mrs Charles Otto was born 6-8-1919. Blaedon Rolls Arcadia Presbyterian Sunday School Dec. 25, 1919.
Viewed by U.S.

168-192-027-236

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69115

Registration District No. 23 File No. .....

Primary Registration District No. 192-2017 Registered No. .....

FULL NAME OF CHILD CHARLES MEREDITH JOHNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Apr. 29 191...

FATHER	MOTHER
FULL NAME Richard Arthur Johnson	FULL MAIDEN NAME Vesta Belle Scott
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Colorado	BIRTHPLACE MO.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1917 E. D. Pyle Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 8 1950

236-227-027-947

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69116

Primary Registration District No. 017-2017 . Registered No. .....

FULL NAME OF CHILD Doris Bload

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	May 27 1919

FATHER	MOTHER
FULL NAME Roland M. Bload	FULL MAIDEN NAME Hystie J. Rupert
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Farmlaborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 P. M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas A Zeller M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1919 E. D. Pyle Registrar

S-Y CO. 24696

415-212-027-244

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69117

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD Eunice Alene Daniels

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F.	other	2nd	yes	Mar. 12 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Daniels	FULL MAIDEN NAME	Bessie Edith Summers
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 pm M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6/10 1919 E D Pfer Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

285-225-027-415

Form V. S. No. 11—35m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital Home,

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69118

Primary Registration District No. 1101-2017. Registered No. _____

FULL NAME OF CHILD Ruth Bernice Sherbon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F	Other	5th	Yes	Mar 25 (Month) (Day) 19 (Year)

FATHER

FULL NAME Fred D. Sherbon.

RESIDENCE Jerome.

COLOR White AGE AT LAST BIRTHDAY 37. (Years)

BIRTHPLACE Iowa.

OCCUPATION Restaurant Business

MOTHER

FULL MAIDEN NAME Laura Francis Davis.

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa.

OCCUPATION Home wife.

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Gellen M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6/10 19 19 E. D. Pyeatt Registrar

S-Y CO. 24656

NOV 6

331-102-027-493

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jerome,

City of Jerome

No. _____ St.

Hospital Jerome.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69119

Registration District No. 23 File No. _____

Primary Registration District No. 1017-2017 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			No	May 2 191

	FATHER	MOTHER
FULL NAME	William Clyde Claypool	FULL MAIDEN NAME Vesta Irene Miller
RESIDENCE	Jerome	RESIDENCE Jerome
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE Iowa.
OCCUPATION	Farming.	OCCUPATION Housewife.

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6/10 1919 E. D. Pike Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible] of [illegible]

69120

City of Jerome

947-202-027-683

No. ..... St.

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

Hospital Home

FULL NAME OF CHILD Lora Rupert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Feb. 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Elton Rupert	FULL MAIDEN NAME	Ada Wyckoff
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1919 E. D. Piper Registrar

S-Y CO. 24656

OCT 22 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 1 1969

State of Idaho } ss.
County of Jerome }

Certificate No. 69120

Date Filed June 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Lora Rupert who born on Feb. 2, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Jerome, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Venna Rupert	Lora Rupert

Subscribed and sworn to before me this 25th day of November, 1969

Notary Public, residing at Jerome, Idaho
My commission expires 5-1-73
(Seal)

Signed Harold C. Rupert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ketchum, Idaho, Box 291
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 1969

Notary Public, residing at Jerome, Idaho
My commission expires 5-1-73
(Seal)

Signed Ada Rupert
(Signature of Any Credible Person)

Ketchum, Idaho, Box 291
(Street Address, City, State)

FORM DH 60-155 ICC pd

7-20-69

Certificate of Baptism and Confirmation dated Feb. 19, 1953 gives name as Lora Rupert Peterson born Feb. 2, 1919. Paretns are Harold Elton Rupert and Ada Wyckoff Signed by C. Aidon Johnson Mission President. Viewed by V. S.

FEB 17 1978

Bible Record gives name as Lora Rupert born on Feb. 2, 1919 to Mr. & Mrs Harold Elton Rupert. Viewed by V. S.

795-212-022-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome,

City of Jerome,

No. ..... St.

Hospital Home.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69121

Registration District No. 23 File No. .....

Primary Registration District No. 017-201 Registered No. .....

FULL NAME OF CHILD GLENNA FAYE GIVANS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) Apr (Day) 12 (Year) 19 9
F					

	FATHER	MOTHER
FULL NAME	~~Audrain~~ McClain Givans	FULL MAIDEN NAME Nellie Era Kelley
RESIDENCE	Jerome	Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Mo.	Kansas.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Keller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1919 E. D. Pyke Registrar

S-Y CO. 24656

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma, } ss. Certificate No. 69121
County of Payne } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Glenna Faye Givans (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1919 (Date of Event) in Jerome, Jerome Co Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) and Bible record prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Glenna Faye Givans
father's name	Andrian M. Givans	Andrain M. Givans

Subscribed and sworn to before me this 18th day of Feb. 1943

R G Boatright
Notary Public, residing at Cushing Okla

My commission expires March 29th 1944
(Seal)

Signed Andrain M Givans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1115 East Oak
Cushing Okla.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Payne }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Feby, 1943

R G Boatright
Notary Public, residing at Cushing Okla

My commission expires March 29 - 1944
(Seal)

Signed Nellie E Givans
(Signature of Any Credible Person Other Than Previous Year)

1115 E Oak Cushing Okla
(Street Address, City, State)

FEB 24 1943

299-213-027-318

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

MONTH OF BIRTH AMENDED 2-24-84 fc

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 69122

No. ..... St.

Primary Registration District No. 1017-2017

Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD Myrtle Brinegar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			March Feb 13 1919

FATHER		MOTHER	
FULL NAME	Claude E. Brinegar	FULL MAIDEN NAME	Marietta Taylor
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30/a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1919 E. D. Piper M.D.

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DUP OF
1919-403526A

MAR 24 1975

dup of 1919-403526A

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 24 12 10 PM '84

State of _____
County of _____ } ss.

Certificate No. 69122
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Myrtle Brinegar (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 13, 1919 (Date of Event)

in Jerome, (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	February 13, 1919	March 13,1919

Subscribed and sworn to before me this 21st day of February, 1984.

Notary Public, Florence Cartright
Residing at Burley
My commission expires 4-20-86
(Seal)

Myrtle Herrick
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Statement by father dated April 9, 1945 shows name as Myrtle Irene Brineger born March 13, 1919, in Jerome, Idaho.
Viewed by V.S.

Family Record shows child's name as Myrtle Irene Brineger born March 13, 1919, in Jerome, Idaho, to Claude Edwin Brineger and Etta T. Taylor. Family record dated March 23, 1945
Viewed by V.S.

859-214-027-243

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69123

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Helen Marie Yerkes.

Sex of Child 4

Twin Triplet or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate?

Date of Birth Apr 14 1919 (Month) (Day) (Year)

FATHER

FULL NAME Hiram N. Yerkes.

RESIDENCE Jerome.

COLOR White.

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ill.

OCCUPATION Banker

MOTHER

FULL MAIDEN NAME Carol Marie [illegible]

RESIDENCE Jerome

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kansas.

OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1919 E. D. Pipin Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-115-027-795

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69124

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Carlos Gordon Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Mar 15 1919

FATHER		MOTHER	
FULL NAME	Carl Walters	FULL MAIDEN NAME	Stella M. Prentiss
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas	BIRTHPLACE	S Dakota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas T Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1919 E. D. Pipes M.D.

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

418-114-027-655-

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69125

Primary Registration District No. 017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 14 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grant Day	Emma Weesner
RESIDENCE	Jerome,	Jerome,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1919 E. D. Pifer Registrar

S-Y CO. 24626

631-119-027-612

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

~~Hospital~~ Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69126

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Johnnie James Flathers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Apr. 19 1919

FATHER		MOTHER	
FULL NAME	Elmer A. Flathers	FULL MAIDEN NAME	Gladys Darling Washburn
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10/ 1919 E. D. Piper Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V-

313 - 203 - 027 - 418

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69127

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD Lillian May Cullen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr. 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Leonard Cullen	FULL MAIDEN NAME	Anna Lillian May
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/10 1919 E. D. Piper
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1962

416-116-027-863

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69128

Primary Registration District No. 017-2017 Registered No. _____

FULL NAME OF CHILD Harlan Lee Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May (Day) 16 (Year) 1919
M			

FATHER		MOTHER	
FULL NAME	Horace Greely Dawson	FULL MAIDEN NAME	Florence Andra Hollepeter
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	North Dakota	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 30/4 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Jerome, Idaho

Filed 6/10/ 1919 E. D. Pfe[illegible]

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-18-1941. dp

276-103-027-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital H

Registration District No. 23

Primary Registration District No. 017-2017

File No. 69129

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? other and Number in order of birth 7th (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feb 3 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Nathanis Ash Spoffard	FULL MAIDEN NAME	Bessie Maud Colburn
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	AGE AT LAST BIRTHDAY 58 (Years)	COLOR	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Teller

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6/10 1919 E. D. Piper M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-321-027-814

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69133

County of Jerome

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-2017 Registered No.

Hospital Home

FULL NAME OF CHILD Terue Nakagawa

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
F	Sher	3rd	Yes	Feb 26 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kunitura Nakagawa	FULL MAIDEN NAME	Misano Yamato
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Jerome
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/14/42

I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. 1 Photostat copy 7/7/41 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Zeller

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 6/10 1919 E D Pifer M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1949

[illegible]

512-221-027-814

CERTIFICATE OF BIRTH

RECEIVED JAN 7 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69133

County of Jerome

City of Jerome

No. ..... St.

Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Teruo Nakagawa
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	other	3rd.	yes	Feb. 21 1919

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 Argyrol

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Kunitaro Nakagawa	FULL MAIDEN NAME Hisano Yamate
Residence (Usual place of abode) Jerome	Residence (Usual place of abode) Jerome
If nonresident, give place and State	If nonresident, give place and State .....
Color or race Y Age at last Birthday 40 (Years)	Color or race Y Age at last Birthday 23 (Years)
Birthplace Japan (City and State or Country)	Birthplace Japan (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 10 A. M. on the date above stated.

(Signature) Chas. F. Zeller

M. D.
(Physician or midwife)

Address Jerome, Idaho.

Filed JAN 7 1928 Dan Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 433-120-027-693

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69136

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Helen Charlotte McCabe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	other	6th	yes	Feb 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles McCabe	FULL MAIDEN NAME	Deborah Willson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Nebra	BIRTHPLACE	Ireland
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 6/10 1919 E. D. Pipe M.D. Registrar

K

JUL 2 7 1984

249-218-027-494

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69141

County of Jerome

City of Jerome

Registration District No. 23

File No.

No. ..... St.

Primary Registration District No. 1017-2017

Registered No.

Hospital Home

FULL NAME OF CHILD ANNE VALLERY BURKY

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Y	Mtr		3rd	Yes	Jan 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C R Burky	FULL MAIDEN NAME	Louise Anne Drummond
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Nebr
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Teller

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6/10 1919 E. D. Pifer M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1943

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 16½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Anne Valleray Burky

5. Date of Birth of Child (Month, day, year) Jan. 18, 1919

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Rogy Burky
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Washington, Illinois (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business ____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lonie Anne Drummond Burky
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Plattsmouth, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Colorado } ss.
County of Denver }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 24 years, and that Unknown Zeller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

FRANK F. KING, Notary Public
City and County of Denver, Colorado
My Commission expires Nov. 14, 1944

X Charles Rogy Burky Signature
640 Adams St, Denver Colo. P. O. Address

Subscribed and sworn to before me this 28th day of September, 1943

(SEAL) Frank F. King, Notary Public, residing at Denver Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-014, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

APR 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-122-027-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69147

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Bourdette R. Everson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	other	1st	yes	Jan. 22 1914 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel Lorenzo Everson	FULL MAIDEN NAME	Verna Marie Davenport
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Tellar

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 6/10 1919 E D Pfn MD.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 3, 1941. E.W.

JAN 26 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69148

County of Jerome

City of Jerome

No. 595-102-027-35-6 St.

Registration District No. 23

File No.

Primary Registration District No. 1017-2-417

Registered No.

Hospital Home

FULL NAME OF CHILD THOMAS RICHARD NIELSEN

Sex of Child Male

Twin Triplet or other? and Number in order of birth 1st
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March 2 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Emanuel Nielsen	FULL MAIDEN NAME	Nellie H. Lewis
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyomin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 6/10 1919 E D Pifer M.D.
Registrar

1/27/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 69148

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Thos. Richard Nielsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 2 - 1919 (DATE OF EVENT)
in Jerome County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 10, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Sex	Female	Male
Name		Thomas Richard Nielsen

Subscribed and sworn to before me this 17th
day of December, 19 42

L. Peterson
Notary Public, residing at Jerome, Idaho
My commission expires July 19-1944
(SEAL)

Signed J. E. Nielsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 21 1942

154-225-827-289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-27

CERTIFICATE OF BIRTH

69149

County of Ada

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

File No. .....

Primary Registration District No. 0117-2017

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F	Twin	2nd	Yes	Feb 25 (Month) (Day) 1917 (Year)

FATHER

FULL NAME Chauncey Andrews

RESIDENCE Jerome

COLOR White — AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Elvira Shute

RESIDENCE Jerome

COLOR White — AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Calder

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1917 E. D. Pike M.D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284 - 22[illegible]-284

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69150

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017-2017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Yt	Other		7th	yes	Feb 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Benjamin Shurtz	FULL MAIDEN NAME	Josephine Shurtz
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Teeter

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 6/10 1919 E D Pfirm M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-105-027-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69151

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017-2017

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	other	5	yes	Mar 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert R Raud	FULL MAIDEN NAME	Virginia Booth
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	State Minn	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Lallen

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6/10 1919 E. D. Pifer M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAND

595-221-027-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69152

County of Jerome

City of Jerome

No. ..... St.

Hospital H

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Esther

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
Y		1st	Yes	Jan 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallis Whitcomb Nicholson	FULL MAIDEN NAME	Nora Viola Sherlock
RESIDENCE	Jerome	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6.10 1919 E. D. Pifer M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1946

MAY 09 2013

493-211-032-653

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

69153

Registration District No. 23 File No. .....

Primary Registration District No. 017-2017 Registered No. .....

FULL NAME OF CHILD Pauline Emily Miller

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)	5th	yes	Jan 11 191?

FATHER		MOTHER	
FULL NAME	Wm. A. Miller	FULL MAIDEN NAME	Hazel Wells
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mich.
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Keller (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 6/10 1917

E. D. Upton M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544-119-027-017

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 23 File No. 69154

No. ..... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital Home

FULL NAME OF CHILD Baby Eddy

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	Other		1st	yes	Feb 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eurmett A Eddy	FULL MAIDEN NAME	Violet Katherine Ward
RESIDENCE	Jerome Ida	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	State Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tellez

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/10 1919 E. D. Pifer M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1969

914-116-027-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017-2017

File No. 69155

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	Other		1 St	Yes	Feb (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alva Bryant Radcliff	FULL MAIDEN NAME	Irene Bell
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address .....

..... Registrar

Filed 6/10 1919 E. D. Pifer M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55
033

25m-9-8-15

69157

City of Sugar

Registration District No. 11

File No. [illegible]

No. ..... St.

Primary Registration District No. [illegible]

Registered No. .....

Hospital Shupe

FULL NAME OF CHILD Frank Butler Evans Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank B. Evans	FULL MAIDEN NAME	Clara S. Chubb
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sugar City Idaho

Filed [illegible] 19 19

Registrar

Registrar

S-Y-CO 38071

K

4/24/41 L. B.

DEC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-21-042-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69158

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St.

Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Alice Harriett Skinner

Sex of Child Female. | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 11 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Merrill DeLoss Skinner.	FULL MAIDEN NAME Louise Baxter Wilson
RESIDENCE Filer. Ida.	RESIDENCE Filer, Ida.
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Lumberman.	OCCUPATION Housewife.

Number of child of this mother, including present birth Second. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A.M. on the date above stated.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer, Ida.

Filed May 27 19 19 W. F. Pike Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

FEB 17 1943

597-213-042-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69159

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Mable Ruth Nipper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	April 13 1919

FATHER	MOTHER
FULL NAME: Arthur White Nipper	FULL MAIDEN NAME: Mary Chink Cleveland
RESIDENCE: Filer Idaho	RESIDENCE: Filer Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:50 A.M. on the date above stated.

(Signature) Frank A. Dwight M.D.

Filer Idaho (Physician or midwife)

Address _____

Filed May 27 19 19 W. F. Pike Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-103-042-316

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Mountain

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69160

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD WILLIAM ROBERT Dingman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 2 1919

FATHER

FULL NAME Perry Dingman

RESIDENCE Mountain Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Ena Sawyers

RESIDENCE Mountain Ida.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Boise Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Ike

J. Dingman

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 5 1919

W. G. Ike

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of CLACKAMAS } ss.

Certificate No. 69160

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

for (Name on Original Certificate) who (Was Born ~~or Died~~) on May 3, 1919 (Birth ~~or Death~~) (Date of Event)

in Mustaugh Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Robert Dingman
Date	May 2nd	May 3, 1919

Subscribed and sworn to before me this 22 day of July, 1942

George Beachford
Notary Public, residing at Macleay, Ore

My commission expires 10/1/45
(Seal)

Signed Wm R Dingman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Silverton Oregon Star Route
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of CLACKAMAS } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of July, 1942

George Beachford
Notary Public residing at Macleay, Ore

My commission expires 10/1/45
(Seal)

Signed Louis P Hanson
(Signature of Any Credible Person Other Than Previous Year)

Molalla Oregon
(Street Address, City, State)

Route 2

JUL 25 1942

JUL 2 9 1942

466 - 207
042 - 719

name added 9/18/80

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Hollister

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

69161

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Marie Violet Moon

Sex of Child: Female

Twin, Triplet or other? — and (Number in order of birth) —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: May (Month) 7 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Jhue Moon	FULL MAIDEN NAME: Susie Gardner
RESIDENCE: Hollister	RESIDENCE: Hollister
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Oklahoma
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 12:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Leet

Twin Falls Ida. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 9 1919

W. F. Pike Registrar

JUN 2 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 69161

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Moon (female) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)

in Hollister, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 7, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marie Violet Moon
		Pearl A Moon [illegible]

Subscribed and sworn to before me this 11th day of August, 19[illegible]

[illegible]

Notary Public, residing at Spokane, Wa

My commission expires 11/12/83

(Seal)

Signed Pearl A Moon [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N 5903 Stevens Spokane, WA 99208

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 19[illegible]

[illegible]

Notary Public, residing at Spokane

My commission expires 11/12/83

(Seal)

Signed Eugene L. Syms

(Signature of Any Credible Person)

4212 Indian Trail Road

(Street Address, City, State)

Spokane, Wa. 99208

FORM DH 60-155 CL 7/2/75 lbc pd. rec. # 9500

Family Bible record gives nme as Marie V. oon. father'snamas Abra oon and mother's name as Susie Gardner. viewed by V. A.

SEP 19 1980

School transcript from Walla Walla Public School. gives namea Marie Moon born May 7, 1919. for 1930. viewed by V. A.

893-107-042-844

PLACE OF BIRTH

Form V. S. No. 11-G—2[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69162

County of Twin Falls

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Stephen Hills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Lester Hills	FULL MAIDEN NAME	Jessie Arline Hudelson
RESIDENCE	Berger, Ida	RESIDENCE	Berger, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

..... Registrar

Filed June 5 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

768-218-042-433

PLACE OF BIRTH

Form V. S. No. 11-G—25m-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 69163

Registered No. .....

FULL NAME OF CHILD CATHERINE MARY Pohlman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John E. Pohlman	FULL MAIDEN NAME	Mary McCullough
RESIDENCE	Hollister, Ida.	RESIDENCE	Hollister, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

..... Registrar

Filed June 5 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss. Certificate No. 69163

County of TwinFalls, } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Catherine Mary Pohlman (Name on Original Certificate) who was born (Was Born or Died) on May 18 1919 (Date of Event)

in Hollister, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Catherine Pohlman
		Mary

Subscribed and sworn to before me this 18 day of April, 1943

Elwood Hinsdorf

Notary Public, residing at Hollister, Idaho.

My commission expires Feb 21, 1945.

(Seal)

Signed John E. Pohlman Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hollister Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2 3 1943

847-127-042-853

PLACE OF BIRTH

County of Twin Falls Ida

City of Twin Falls

No. RFD # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Everett Douglas Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 27 1919

	FATHER	MOTHER
FULL NAME	Albert Warren Hughes	FULL MAIDEN NAME Bertha Catherine Helsley
RESIDENCE	Twin Falls RFD # 2	RESIDENCE Twin Falls RFD # 2.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	Norwood Mo	BIRTHPLACE Peyton, Mo
OCCUPATION	Farmer	OCCUPATION Housewife,

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. McGinnis

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed June 4 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24

413 - 228-042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 2085

File No. 69165

Registered No. .....

FULL NAME OF CHILD Eleanor May Malone

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 28 191..9

FATHER		MOTHER	
FULL NAME	Leslie J. Malone	FULL MAIDEN NAME	Lulu Johnson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 15 AM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Wilson

J Hyman (Physician or midwife)

Address Twin Falls Ida

Filed June 2 1919 W. H. Pike Registrar

K

444-130-042-743

PLACE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 37 File No. 69166

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Jim Leslie Dudley

Sex of Child Male. | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth April 30 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Ray Elbert Dudley	FULL MAIDEN NAME Lillian Blanche Puckett
RESIDENCE Filer, Ida.	RESIDENCE Filer, Ida.
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ohio.	COLOR White
OCCUPATION Farmer.	AGE AT LAST BIRTHDAY 23. (Years)
	BIRTHPLACE Wyoming
	OCCUPATION Housewife.

Number of child of this mother, including present birth Fourth. Number of children of this mother now living, including present birth Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:56 A.M. on the date above stated.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer, Ida.

Filed May 27 19 19 W. F. Pike Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-116-042-817

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69167

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital Twin Falls Co.

FULL NAME OF CHILD William Hazard Bates

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4/16/19

FATHER		MOTHER	
FULL NAME	Fred Perry Bates	FULL MAIDEN NAME	Ruth Hazard
RESIDENCE	Hollister Idaho	RESIDENCE	Hollister Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Asst Supt Salmon River Canal Co.	OCCUPATION	House wife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.40 P M. on the date above stated.

(Signature) Frank A. Dwight for M.D.

Twin Falls Idaho (Physician or midwife)

Address

Filed May 27 19 19 W. F. Pike Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

NOV 16 1951

255 - 204 - 042 - 415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

BUR[redacted]DAHO
L STATISTICS

OF BIRTH

69168

County of Twin Falls

City of Twin Falls

Registration District No. [redacted] File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital Twin Falls Co.

FULL NAME OF CHILD Dorothy May Benjamin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 4 1919

FATHER		MOTHER	
FULL NAME	Leo Benjamin	FULL MAIDEN NAME	Alta Davis
RESIDENCE	Hagelton Ida.	RESIDENCE	Hazelton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight M.D.

Filer Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 27 19 19 W. F. Pike
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

493-222-042-714

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69169

County of Twin Falls

City of Twin Falls

No. 512 4th Av. W. St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Dorthy Mills,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes,	5 22 1919

FATHER	MOTHER
FULL NAME: Homer C, Mills,	FULL MAIDEN NAME: Faith Gamble.
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Idaho.
COLOR: White,	COLOR: White.
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri,	BIRTHPLACE: Nebraska.
OCCUPATION: Attorney at Law.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 22nd 1919, at 1.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician,
(Physician or midwife)

Address Boyd Building Twin Falls, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed May 24 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1973

199-205-042-369

~~PLACE~~ OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69170

County of Twin Falls

City of "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Marie Arrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	4	yes	May 5 1919

FATHER		MOTHER	
FULL NAME	Noah Arrington	FULL MAIDEN NAME	Edna Grace Corn
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Dark	COLOR	light
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Read ~~Hill~~ Tenn.	BIRTHPLACE	Jasper Ind.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Swenson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed May-20-1919 W. F. Pike

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 69170

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marie Arrington (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Marie Arrington

Subscribed and sworn to before me this Eleventh (11) day of January, 1944.

Fay M. Merrill
Notary Public, residing at Twin Falls Idaho.

My commission expires
(Seal)

Signed M. W. Arrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #3 - Twin Falls Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 th day of January, 1944

Fay M. Merrill
Notary Public, residing at Twin Falls Ida.

My commission expires
(Seal)

MY COMMISSION EXPIRES JUNE 10, 1947

Signed Pearl P. Swenson
(Signature of Any Credible Person Other Than Previous Year)

141 Blue Lakes Blvd North
Twin Falls Ida
(Street Address, City, State)

JAN 21 1944

515-112-042-753

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

69171

Registration District No. 37 File No. .....

Primary Registration District No. 1185 Registered No. .....

FULL NAME OF CHILD ..... Elias Jefferson Van Court Jr. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5 17 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elias J. Van Court Sr	alice M Jefferson
RESIDENCE	Twin Falls Ida.	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Auto Mechanic	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 13 1919

W. H. Pike Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1947

844 - 208 - 042 - 853

Amended 5/25/77

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69172

County of Twin Falls

City of Twin Falls

No. South Park St.

Hospital —

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Ida M. Hudson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George H. Hudson	FULL MAIDEN NAME	Anna Helsley
RESIDENCE	Rogerson Ida	RESIDENCE	Rogerson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Three Creek Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed May 12 1919 W. F. Pike

Registrar Registrar

MARG RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

HPR

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69172

Date Filed 75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hudson (female) (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ida M. Hudson

Subscribed and sworn to before me this 20th day of March, 19 75
County clerk
Notary Public, residing at Enterprise, Oregon
My commission expires .....
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Wallowa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 19 75
My commission expires June 22
Notary Public, residing at Enterprise, Ore.
(Seal)

Signed George Justice (Signature of Any Credible Person)

P.O. Box 23 Joseph, Oregon 97846 (Street Address, City, State)

FORM DH 60-155

CL 3/18/75 nm

Birth Certif from St. Valentine's Hosptial, Wendell,Idaho gives name as David Allen Caudle born Dec 3, 1945. parent's names as Arthur Olsen Caudle and Ida Margean Hudson. [illegible] viewed by V. S.

Application for Membership to Idaho Mutual Benefit Assoc. gives name as Ida M. Hudson Caudle dated Jan 19, 1934 in Buhl, Idaho. da e of birth as Apri 8, 1919. policy No. 6202. viewed yV. S.

818-104
042-389

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH [redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] ATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 69173

No. 146 Jackson St.

Primary Registration District No. 1085

Registered No.

Hospital —

FULL NAME OF CHILD Elmer Glen Hahn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 7th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur C. Hahn	FULL MAIDEN NAME	Lillian Chriswell
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mound City Kansas.	BIRTHPLACE	Near Wendel Idaho.
OCCUPATION	Mechanic (Auto)	OCCUPATION	Housewife

Number of child of this mother, including present birth one. Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Ida.

Filed May 12 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC [illegible] 194[illegible]

NOV 7 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-105-042-819

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

File No. 69175

Registered No. .....

FULL NAME OF CHILD Arthur Harold Berry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur H. Berry	FULL MAIDEN NAME	Lela Harrison
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	John Day, Oregon	BIRTHPLACE	Baker Cy., Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

..... Registrar

Filed May 5 1919 W. F. Tike Registrar

419-204-042-443

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69176

County of Twin Falls

City of Twin Falls

No. 384-4 Ave West St.

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

Hospital MARGARET MAY

FULL NAME OF CHILD ~~Baby~~ Marcus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dick Marcus	FULL MAIDEN NAME	Genette Mulda
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Furniture helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Id.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed May-9-1919 W. F. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 - 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Riverside } ss.

Certificate No. 69176

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret May Marcus (Name on Original Certificate) who born (Was Born or Died) on May 4, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on June 10, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret May Marcus

Subscribed and sworn to before me this 30th
day of September, 19 42.

Notary Public, residing at Riverside, Calif.
My commission expires Oct. 16, 1945.
(Seal)

Signed Jeannette Marcus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3914 Dawes St Arlington Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Riverside } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of September, 19 42.

Notary Public, residing at Riverside, Calif.
My commission expires Oct. 16, 1945.
(Seal)

Signed Mrs Anna Norman
(Signature of Any Credible Person Other Than Previous Year)
410-E 9th St. San Bernardino Calif.
(Street Address, City, State)

OCT 8 1942

695-202-042-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-3-17

CERTIFICATE OF BIRTH

69177

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Baby Finn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Finn.	Diana Hopkins
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.M. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed May 9 1919 W.T. Pike Registrar

515-220-042-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69178

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Mary Pauline Vance

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ed Vance	FULL MAIDEN NAME	Jessie May Shay
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida

19

Filed May 20 1919 W. F. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1 1 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Twin Falls }

Certificate No. 69178

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Vance (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1919 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Pauline Vance

SARAH CERVANTES NOTARY PUBLIC COUNTY OF ADA

Subscribed and sworn to before me this 24 day of February, 19 65

Sarah Cervantes

Notary Public, residing at Nampa, Idaho

My commission expires June 26, 1967

(Seal)

Signed Stella M. Greene
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

171 Scenic Way, Valley Vista
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

SARAH CERVANTES NOTARY PUBLIC COUNTY OF ADA

Subscribed and sworn to before me this 24 day of February, 19 65

Sarah Cervantes

Notary Public, residing at Nampa, Idaho

My commission expires June 26, 1967

(Seal)

Signed Frank Greene
(Signature of Any Credible Person)

171 Scenic Way, Valley Vista
(Street Address, City, State)

FORM DH 60-155

CL 2-10-65. one copy pd. rec. #9491.

Own Child's Birth Cert. on file: (Idaho Birth) #270974 gives full maiden name of mother as MaryPauline Vance - viewed by V.S.

APR 5 1965

Photo Copy of Page from Family Record titled Births, appears old and unaltered, gives one child's full name as Mary Pauline Vance, born May 20, 1919 - viewed by VS

699 - 209-042-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69179

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Bobby Wright

Sex of Child: Female

Twin / Triplet or other? — (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: May 9 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Albert Wright	FULL MAIDEN NAME	Gloyder Lamoreaux
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 10:15 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Leeter M.D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 4 1917

W. F. Pike Registrar

451-118-042-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69180

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD JOHN GILBERT Dean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Edward Dean	FULL MAIDEN NAME	Clara F. Dodd
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pearce

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5 1919 W. F. Pike Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino

Certificate No. ~~69~~180

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Dean (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 18, 1919, (DATE OF EVENT)
in Kimberly, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Dean	John Gilbert Dean

Subscribed and sworn to before me this 13th day of January, 19 42

Signed Mrs Clara J. Dean
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Redlands

My commission expires 9/30/42
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 2

255-130-042-493

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69181

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. ..... St. Primary Registration District No. 1085 Registered No.

Hospital .....

FULL NAME OF CHILD John Armandt Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 30 1919

FATHER	MOTHER
FULL NAME: Frank A. Kendall	FULL MAIDEN NAME: Oliver Mae Van Meter
RESIDENCE: Twin Falls, Ida	RESIDENCE: Twin Falls, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Drug Clerk.	OCCUPATION: Housewife

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5, 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 23, 1940.

DEC 29 1958

JUN 17 1971

316-230-042-314

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69182

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Lucille Marguerite Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William B. Lawrence	FULL MAIDEN NAME	Bessie Mae Cameron
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Ida

Registrar

Filed June 5 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

See Certificate No. 52949

294-209-042-216

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69183

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanda Kimes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 9 1919

FATHER	MOTHER
FULL NAME: John A Kimes	FULL MAIDEN NAME: Mary A. Sawyer
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 5 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS NOV 15 9 46 AM '73

State of Idaho } ss.
County of Blaine

Certificate No. 69183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kimes(female) (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Wanda Kimes

Subscribed and sworn to before me this 27 day of October, 1973

Peter B. Aller

Notary Public, residing at Ketchum Idaho

My commission expires May 20 1976

(Seal)

Signed Zalia Kimes Schroeder

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

PO Box 417 Sun Valley Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of November, 1973

Joan A. Massaner

Notary Public, residing at Twin Falls, Idaho

My commission expires July 24, 1975

(Seal)

Signed Edward L Benard

(Signature of Any Credible Person)

402 Alturas Drive, Twin Falls, Idaho 83301

(Street Address, City, State)

FORM DH 60-155 CL 10/2/73

Sacramental Rite of Confirmation gives name as Wanda Kimes Sutcliff. Confirmed Dec 11, 1955. in Twin Falls, Idaho. Viewed by V. S.

NOV 2 0 1979

Certi.fof Marrige from California gives groom's name as Robert Junior Sutcliff and the bride's name as Wanda Jacqueline Kimes. dated Dec. 19, 1942. Viewed by V. S.

864-201-042-551

PLACE OF BIRTH

County of Twin Falls

City of " " "

No. ..... St.

Hospital Twin Falls Co

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

69184

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Lillian May Young

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Young	FULL MAIDEN NAME	Bertha Evans
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	[illegible]	BIRTHPLACE	~~Iowa~~ Montana
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clinchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Registrar

Filed June 3 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-102-042-195

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69185

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital Twin Falls

FULL NAME OF CHILD Gerrald Victor Hopkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Everett Hopkins	FULL MAIDEN NAME	Mernea Averill
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Craig, Mo.	BIRTHPLACE	Woodruff, Kan.
OCCUPATION	auctioneer	OCCUPATION	Telephone operator

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:10 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida

19

Filed June 3 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-227-042-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital General Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11 C. 25m-9-8-17

69186

Registration District No. 37

Primary Registration District No. 1083

File No. .....

Registered No. .....

FULL NAME OF CHILD Marjorie Faith Patton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 27 1919

FATHER		MOTHER	
FULL NAME	Thad. U. Patton	FULL MAIDEN NAME	Marjorie Fleming
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Wash.
OCCUPATION	R.R. Carrier	OCCUPATION	Teacher

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed June 2 1919 W. F. Pike Registrar

STATE OF IDAHO

MAR 20 1945

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

~~State of~~ Territory of Hawaii } ss.
County of Honolulu }

Certificate No. 69186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (name omitted) (Name on Original Certificate) who was born (Was Born or Died) on May 27 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about May 27, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Marjorie Faith Patton

Subscribed and sworn to before me this 27th
day of February, 1945.
Mary B. Gardner
Notary Public, residing at NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT TERRITORY OF HAWAII
My commission expires MY COMMISSION EXPIRES JUNE 30, 1948
(Seal)

Signed T. N. Patton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
786 Beach Walk, Honolulu T. H.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

~~State of~~ Territory of Hawaii } ss.
County of Honolulu }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February 1945
Mary B. Gardner
Notary Public, residing at NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT TERRITORY OF HAWAII
My commission expires MY COMMISSION EXPIRES JUNE 30, 1948
(Seal)

Signed Marjorie E. Patton
(Signature of any Credible Person Other Than Previous Year)
c/o Beach Walk Annex
(Street Address, City, State)
Honolulu, T. H.

MAR 2 - 1945

864-126-042-449

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69187

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD James Murray Young

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. Herndon Young	FULL MAIDEN NAME	Marian Murray
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

..... Registrar

Filed June 2 1919 W. F. Pike Registrar

613-225-042-345

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital General Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

69188

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD Kathleen Walpole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 25 1919

FATHER		MOTHER	
FULL NAME	Horace Walpole	FULL MAIDEN NAME	Alice Lundin
RESIDENCE	Rogerson, Ida	RESIDENCE	Rogerson,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 2 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 19 1963

259-115-042-613

MARGIN RESERVED FOR BIND...

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 504 4th ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69189

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Watson Woodruff Keith

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Osborn Roy Keith	FULL MAIDEN NAME	Blanche Watson
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Paris, France	BIRTHPLACE	Williams, Iowa
OCCUPATION	Cattleman	OCCUPATION	—

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed June 2 1919 W. F. Pike Registrar

Certified copy issued 2-19-1941. dp

363-119-042-683

PLACE OF BIRTH

County of Twin Falls

City of "

No. St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 37

Primary Registration District No. 1085

File No. 69190

Registered No.

FULL NAME OF CHILD Nathan Edward Tolbert

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: May 19 (Month) (Day) 191.9 (Year)

FATHER

FULL NAME: Edward Tolbert

RESIDENCE: Twin Falls

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Real Estate

MOTHER

FULL MAIDEN NAME: Helen E. Wills

RESIDENCE: Twin Falls

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Iowa

OCCUPATION: School teacher

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 2 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 69190

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for None (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 19, 1919 (DATE OF EVENT)
in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 19, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Nathan Edward Tolbert

Subscribed and sworn to before me this 9th
day of February, 1942

Millie Curtis
Notary Public, residing at Boise Ida

My commission expires Jan 28, 1942.
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

TWIN FALLS, Rt 3 - Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(SEAL)

Signed Helen Tolbert
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 3, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

281-211-042-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 314 Fair av St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69191

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Blank

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth May 11 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Ernest William Shanks	FULL MAIDEN NAME Lily Marion White
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE [illegible]	COLOR White
OCCUPATION Telegrapher	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE Texas
	OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 11:55 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Nelson

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 3 1919 W. F. Pike

Registrar

384-108-042-349

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 459 Togo St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 69192

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Emmett Lee Lyda

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ancil M. Lyda	FULL MAIDEN NAME	Della M Smith
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Canada
OCCUPATION	Laborer.	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Ida

Registrar

Filed June 3 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1960

717-103-042-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of —

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69193

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Paxton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 3 191 9

FATHER		MOTHER	
FULL NAME	John Paxton	FULL MAIDEN NAME	Nellie Whitt
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	England	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 3 1919 W. F. Pike Registrar

DEC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81-115-[illegible]2-249

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 345 6th av W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69194

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD CURTIS Ghan

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest D. Ghan	FULL MAIDEN NAME	Lydia Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.50 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Registrar

Filed June 2 1919 W. F. Pike Registrar

MAR 1[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 69194

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Curtis Ghan (Name on Original Certificate) who born (Was Born or Died) on May 15th 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ghan	Curtis Ghan.

Subscribed and sworn to before me this 17th
day of March, 19 42

Alice C. Taylor

Notary Public, residing at Twin Falls, Idaho

My commission expires Oct. 22nd 1943
(Seal)

Signed Lydia Minerva Johnson Ghan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. #3, Twin Falls, Idaho Mother
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 24 1941

JUN 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amende[redacted]

PLACE OF BIRTH

864-231-014-756

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

[redacted] Form V. S. No. 11-[redacted]

[redacted] STATISTICS

[redacted] BIRTH

6919[redacted]

Registration [redacted] File No. [redacted]

Primary Registration District No. 2006 Registered No. [redacted]

FULL NAME OF CHILD Verla Alma Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	+		+	Yes	March 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. H. Young	FULL MAIDEN NAME	Samantha Groves
RESIDENCE	Bowmont, Idaho	RESIDENCE	Bowmont, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg, Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed June 16 1919 Pearle Dodds Registrar

S-Y CO. 24656

K

FEB 1 7 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2 17 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 21 10 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 69195

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Verla Alma Young (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	March 30, 1919	March 31, 1919

Subscribed and sworn to before me this 17th day of
February, 1972

Notary Public, residing at .....
My commission expires Aug 1974
(Seal)

Signed Mrs Vern Covert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

319 Sunview Rim - Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of J Idaho } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Bible Record gives date of birth for Verla Alma Young born March 31,1919 in Nampa, Idaho. to Albert Young Essie Samantha Groves. Bible obviously old. Viewed by V.S

FEB 25 1972

Statement from Nampa Senior High School, Nampa, Idaho gives Birth date for Verla Young as March 31, 1919. Attended school from Sept. 1933 to June 1937. Viewed by V.S

569-401
014-349

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69196

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. _____

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD Merwin Arthur Norton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	Yes	May (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Merwin F. Norton	FULL MAIDEN NAME	Verda Melissa Smith
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ureka Ill.	BIRTHPLACE	Denver Colo.
OCCUPATION	R. R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg
Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

_____ Registrar

Filed June 10 1919 Pearle Dodds
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

945-229
014-381

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69197

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1806 Registered No.

Hospital Nampa General Hosp.

FULL NAME OF CHILD Kathleen Elaine Duval

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	+ (To be answered only in event of plural births)		+	yes	April 29 1919

FATHER	MOTHER
FULL NAME George Monroe Duval	FULL MAIDEN NAME Margaret May De Chambeau
RESIDENCE Denning, Idaho	RESIDENCE Denning, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE West Salem, Ohio	BIRTHPLACE Garden Valley, Idaho
OCCUPATION Stock raising	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. McKellogs
Phys.
(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1919 Pearle Dodds
Registrar

8-Y CO: 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1942

SEP 17 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-113-014-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69198

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2006

Registered No.

Hospital Nampa General

FULL NAME OF CHILD Karl Robert Lewis Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 13 1919

FATHER		MOTHER	
FULL NAME	Karl Robert Lewis	FULL MAIDEN NAME	May Cox
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Ida

Registrar

Filed June 10 1919 Pearle Dodds

Registrar

S-Y-CO 38071

AUG 20 1954

Canyon

381-211-014-689

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69199

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2.006

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x		x	yes	May 11 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George A Chase	Lucina Whitmore
RESIDENCE	Parma Idaho	Parma Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed June 10 1919 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-129-014-466

OF IDAHO
ITAL STATISTICS
TE OF BIRTH

Form V. S. No. 11—25m-6-15-18

69201

Registration District No. 7 File No.

No. RD #4 St.

Primary Registration District No. 2006 Registered No.

Nampa

Full Name of Child Warren Harvey Kessler

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			yes	April 29th (Month) (Day) 19 17 (Year)

	FATHER	MOTHER
FULL NAME	Frank Kessler	Sola Iona Moore
RESIDENCE	R 4 Nampa, Idaho	R 4 Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	21 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Davis D O

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

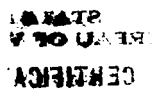
..... 19....

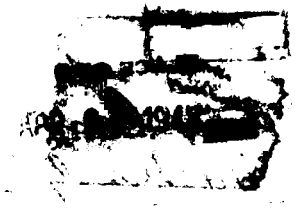
..... Registrar

Filed June 10 1917 Pearle Dodds

Registrar

1942





MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1707 - 17th Ave N. St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69202

Registration District No. 7

File No.

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Wilma Berta Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	May 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J. Taylor	FULL MAIDEN NAME	Vesta May Matthews
RESIDENCE	Parma, Ida.	RESIDENCE	Parma Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing, M. D.

✓ (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Ida.

File June 10 1919 Pearle Dodds Registrar

JUL 17 1969

259-118-914-712
City

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69203

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

File No. .....

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD FELIX BERMENSOLO

Sex of Child	Twin ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of Birth
Boy	Twin	2nd	yes	May 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	BONIFACIO BERMENSOLO Berney Bermensello	FULL MAIDEN NAME	GERONIMA GABICA Jeronima Gabica
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Registrar

Filed June 10 1919 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/19/41 L. B.

231-125-014-297

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

...E OF IDAHO
...F VITAL STATISTICS

...ICATE OF BIRTH

69204

County of Canyon

City of Nampa

Registration District No. .....

File No. .....

No. 1805 - 3rd St. S.

Primary Registration District No. 1006

Registered No. .....

Hospital Sisters

FULL NAME OF CHILD Robert Tomkins Blake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X		1	yes	May 25 1919

FATHER		MOTHER	
FULL NAME	Chas. G. Blake	FULL MAIDEN NAME	Laura Bigger
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M D

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1919 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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BUREAU O
CERTI

681-226-0141-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH City

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

69205

Registration District No. ..... File No. .....

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Evelyn Jeanette Whallon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May (Day) 26 (Year) 1919

FATHER		MOTHER	
FULL NAME	Jonas Whallon	FULL MAIDEN NAME	Bess Tavender
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 12 20 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Murray M D

(Physician or midwife)

Address Nampa Idaho

Filed June 10 1919 Pearle Dodds Registrar

NOV 9 1966

259-[illegible]-014-7[illegible] Cit[illegible]

Form V. S. No. 11-C—[illegible]

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[redacted]TATISTICS
[redacted] BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 69206

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD Felicia Bermensolo

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1st	yes	May 18 1919

FATHER		MOTHER	
FULL NAME	Barney Bermensolo	FULL MAIDEN NAME	Geronema Gosiea
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.50 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa Ida

Filed June 10 1919 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ID
BUREAU OF VITAL S

CERTIFICATE OF

Z mother

439-118-014-763

PLACE OF BIRTH

Amended 9-28-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St. Registration District No. 7-4 File No. 69207

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Willard Peter Ulrich
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 18 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Peter R. Ulrich	FULL MAIDEN NAME: Euretta Morris Pollock
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY (Years):	AGE AT LAST BIRTHDAY (Years): 39
BIRTHPLACE: Illinois	BIRTHPLACE: Arapalioz, Nebraska
OCCUPATION: Farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Thomas E. Maugune, M.D.
(Physician or midwife)

Address Nampa, Idaho

Filed June 10, 1919 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Family file record gives child s name as Willard Peter Ulrich, obviously old. Viewed by V. S. Marriage License and certificate giveschild s name as Willard Peter Ulrich dated March 6, 1939, Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 69207

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Willard Polleck (Name on Original Certificate) who born (Was Born or Died) on May 18, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 1. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Willard Polleck	Willard Peter Ulrich
Full Name of Father	Peter R.	Peter R. Ulrich
Full Maiden Name of Mother	Euretta Morris Polleck	Euretta Morris Pollock

Subscribed and sworn to before me this 16th day of June, 1959

J. A. Coleman
Notary Public, residing at Caldwell Ida
My commission expires aug 23, 1961
(Seal)

Signed Euretta Pollock Ulrich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Homedale, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of June, 1959

J. A. Coleman
Notary Public, residing at Caldwell Ida
My commission expires aug 23, 1961
(Seal)

Signed Ina P. Carson R.N.
(Signature of Any Credible Person)

2232 Bailey Ave. San Jose, Calif.
(Street Address, City, State)

FORM DPH 55-155 CL 5-26-59. one copy pd.

813 -109-014-692

PLACE OF BIRTH

County of Canyon

City of Nampa (C)

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69208

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Was not named (Unnamed)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		4th	yes	5-9-1919

FATHER		MOTHER	
FULL NAME	Henry D. Hatfield	FULL MAIDEN NAME	Emma Fohlfaugher
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Dillon Montana	BIRTHPLACE	Preston Minn
OCCUPATION	Rancher Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 5-9-19, at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Mangum M.D.

(Physician or midwife)

Address Nampa Idaho.

Filed June 18 19 19 Pearle Dodd

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

518-111-014-685

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69209

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Alfred Roland Caywood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 11 1919

FATHER	MOTHER
FULL NAME W. N. Caywood	FULL MAIDEN NAME Hazel Whitson
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Washington
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 20 P. M. on the date above stated.

(Signature) F. B. Smith M. D. by A. R.

(Physician or midwife)

Address

Filed June 10 1919 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1945

443-214-014-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69210

County of Canyon

City of Nampa

No. 18th Ave + 1st St. N. St.

Registration District No. 7

Primary Registration District No. 1006

File No.

Registered No.

Hospital

FULL NAME OF CHILD Angelia Dutcher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	May 14 1919 (Month) (Day) (Year)

FATHER

FULL NAME Adgen Dutcher

RESIDENCE Nampa Idaho.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE New York.

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Maiean Schlingermann

RESIDENCE Nampa Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE New Jersey

OCCUPATION Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) F. B. Smith M.D.
By A.R.
(Physician or midwife)

Address

Filed June 10 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

352-110-004-612

PLACE OF BIRTH Amended 10/30/78

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69211

County of Canyon

City of

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2056

Registered No.

Hospital

FULL NAME OF CHILD Harold Herman Teater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 10 1919

FATHER	MOTHER
FULL NAME Wm J. Teater	FULL MAIDEN NAME Sheila Fasen
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Omaha, Neb.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a.m. 20 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M.D. By A.R.

(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 18 19 19 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 18 10 22 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69211

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lester (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 10, 1919 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harold Herman Lester

Subscribed and sworn to before me this 13th day of September, 1978.

Notary Public, residing at Nampa, Idaho

My commission expires 8/18/82

(Seal)

Signed O W L Lester
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 9/11/78

Certif of Baptism and Birth from First Baptist Church, Nampa, Idaho gives name as Harold H. Lester born to William Leo Lester and Sheila Lester. on June 10, 1919 at Nampa, Idaho. Baptized April 1, 1945. viewed by V. S.

OCT 31 1978

Insurance policy from New York Life Ins. Co. gives name as Harold H. Lester dated Sept Sept 21, 1931. father's name as W. Leo And mother;s name as Sheila Lester. viewed by V. S. application to ~~in~~ policy gives name as Harold Herman Lester.

355-104-014-719

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 214-12th St.

Hospital

[redacted]

S. No. 11—25m-6-18-18

69212

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Full Name of Child Milan Hobert Bever

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy			Yes	4 - 4 1918

FATHER

FULL NAME Clyde Liston Bever

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kearney Nebr.

OCCUPATION Grader

MOTHER

FULL MAIDEN NAME Blanche Edna Garlin

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Wellsburg West Virginia

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Neely

Physician

(Physician or midwife)

Address 622 15th Av. S Nampa Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 9 1919 Pearle Dodds.

Registrar

Miss P

MAY 1 1 1973

853-127-014-418

80

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69213

County of Canyon Co.

City of Nampa

No. Kurtz Add St.

Hospital

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Chas Edward Helfrich

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S— and	Single	Yes	May 27 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Ulysses Helfrich	FULL MAIDEN NAME	Sophia Leona Mayes
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indianna	BIRTHPLACE	Kentuckey
OCCUPATION	Minister	OCCUPATION	House Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:35 P. M. on the date above stated.

(Signature) A.R. Meredith DO.

Nampa (Physician or midwife)

Address

Filed June 9th 1919 Pearle Dodds. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-128-014-615

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital Nampa General

Form V. S. No. 11-C—2km-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69215

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Thomas Cliff Goodale

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓	✓	yes	April 28 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Edgar C. Goodale

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Michigan

OCCUPATION R.R. Brakeman

MOTHER

FULL MAIDEN NAME Martha Waigand

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Chicago, Ill.

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.C. Ewing, M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 29 1919 Pearle Dodds
Registrar

255-117-014-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 7th Ave. T 1st St. N. St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69216

Registration District No. 7 File No.

Primary Registration District No. 1806 Registered No.

FULL NAME OF CHILD Clyde Harold Bevan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓		✓	yes	Apr. 17 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Albert C. Bevan

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION R.R. Car Inspector

MOTHER

FULL MAIDEN NAME Bertia Lovejoy

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Jordan Valley, Ore.

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

(Signature) H.C. Ewing M.D.

(Physician or midwife)

Address Nampa, Idaho

Filed May 29 1919 C. Searle D.S.H.S. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

231-128-014-958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 219-16th Ave N. St

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-5-17

CERTIFICATE OF BIRTH

69217

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Neil Neal Stampke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	April 28 1919

FATHER

FULL NAME: Paul Stampke

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Well Driller

MOTHER

FULL MAIDEN NAME: Ida Reh

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed May 29 1919 Pearle Dodds

Registrar

369-216-014-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69218

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 207-12th Ave. N. St.

Hospital ✓

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Gertrude May Corron

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Apr. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester D. Corron	FULL MAIDEN NAME	Mary Ellen Bass
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Condensery Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Ewing M. D.

✓ (Physician or midwife)

Given name added from a supplemental report.

19

Registrar

Address Nampa, Idaho

Filed May 29 1919 Pearle Dodds Registrar

AUG 30 1949

193-204-014-253

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 69219

Primary Registration District No. 207 Registered No. 40

FULL NAME OF CHILD Aitchison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr. 4 1919

FATHER		MOTHER	
FULL NAME	Robt. Aitchison	FULL MAIDEN NAME	Margaret Kelly
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	New South Wales.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Don S. Hunter

Phys. & Surgeon

(Physician or midwife)

Address Parma Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed: May 5 1919 Lulu Dalbro Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-101-014-291

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital ~~Hospital~~ At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69220

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 41

FULL NAME OF CHILD Raymond Willis Milligan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 1st 1919

FATHER		MOTHER	
FULL NAME	Willis F. Milligan	FULL MAIDEN NAME	Mertie L. Brandt
RESIDENCE	Parma, Idaho	RESIDENCE	Parma, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	~~Minn~~ Wis.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 5/4 1919 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-204-014-944

PLACE OF BIRTH

Amended Nov. 8, 1954

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 69221

Primary Registration District No. 1007 Registered No. 42

FULL NAME OF CHILD Juanita June Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 4 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Fred G. Anderson	FULL MAIDEN NAME: Francis I. Imus
RESIDENCE: Parma, Idaho	RESIDENCE: Parma, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: North Dakoka	BIRTHPLACE: Nebraska
OCCUPATION: Lath and Shingling	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Walchop
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 5/7/19 W.E. Walchop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 69221
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jenevieve Nita Anderson (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1919 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics prepared on 1934-1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jenevieve Nita Anderson	Juanita June Anderson

Subscribed and sworn to before me this 1st day of Nov 1954
Mabel F. Elder
Notary Public, residing at Boise
My commission expires
(Seal)

Signed Frances I Cummins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Nov 1954
Mabel F. Elder
Notary Public, residing at
My commission expires
(Seal)

Signed Juanita June Simpson
(Signature of Any Credible Person)

Ruth L. Wilde
(Street Address, City, State)

DPH 52.155

892-208-014-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital .....

Registration District No. 3

File No. 69222

Primary Registration District No. 2007

Registered No. 43

FULL NAME OF CHILD Irene May Hibbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	May 8 1919

FATHER		MOTHER	
FULL NAME	Dwight V. Hibbs	FULL MAIDEN NAME	Nancy Titell
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Shadron, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 5/13 1919

Lucy Waldrop
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

State of IDAHO
County of Clearwater } ss.

Certificate No. 69222

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Hibbs (girl child) (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1919 (Date of Event)
in Wilder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on copy made 1-13-66 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Irene May Hibbs

Subscribed and sworn to before me this 13 day of January 1966

Notary Public, residing at Orofino, Idaho
My commission expires 10-17-68
(Seal)

Signed Nancy E Hibbs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ahsahka, Idaho 83520
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Robert D Hopper
(Signature of Any Credible Person)

Ahsahka Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1-10-66. nm

Photo Copy of Pages from Family Bible Record, appears old and unaltered gives one child's full name as Irene May Hibbs, born May 8, 1919, weight 9 lbs. - viewed by V.S.

Social Security Card, dated 3-9-1939, #519-10-6192 gives full name as Irene May Hibbs - viewed by V.S.

JUN 14 1966

245-213-014-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cuyon

City of Purna

No. ..... St.

Hospital at Home

Registration District No. 3

File No. 69223

Primary Registration District No. 2007

Registered No. 44

FULL NAME OF CHILD Buell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Buell	FULL MAIDEN NAME	Mary E. Day
RESIDENCE	Purna - R#1	RESIDENCE	Purna - R#1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kan
OCCUPATION	Minister of the Gospel	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 19 1919 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-117-014-219

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of .....

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 69224

Primary Registration District No. 2007 Registered No. 45

FULL NAME OF CHILD Robert Eduard Robbins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 17 1919

FATHER		MOTHER	
FULL NAME	Robert R. Robbins	FULL MAIDEN NAME	Grace Bailey
RESIDENCE	Parma R#3	RESIDENCE	Parma R#3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	S.D.
OCCUPATION	farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Buldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma

Filed May 20 1919 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

343-220-08-795

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

[illegible] HO
[illegible] STATISTICS
[illegible] OF BIRTH

69225

County of Canyon

City of Parma

Registration District No. 8

File No.

No. ..... St.

Primary Registration District No. 1007

Registered No. 46

Hospital

FULL NAME OF CHILD Frances Tulley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		yes	May 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter A Tulley	FULL MAIDEN NAME	Flossie A Green
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Okla
OCCUPATION	Dray Mayr	OCCUPATION	HW

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X W. Waldrop

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed May 23 1919 Lulu Waldrop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]
BUREAU OF VITAL
CERTIFICATE OF

JUN 5 - 1973

343-124-044-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

69245

Registration District No. 87 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ..... Walter William Cullen .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 24 1919

FATHER		MOTHER	
FULL NAME	Walter Cullen	FULL MAIDEN NAME	Emaglice Milligan
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-20-1919 F. A. Schmidt Registrar

MAR 9 1954

214-118-044-243

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 69254

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Douglas Sampson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	April 18 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Neal Sampson	Addis M. Sutton
RESIDENCE	Midvale Idaho	Midvale Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Wisconsin	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-10-1917 F. A. Schmitz Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

595-211-044-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-D, Rev. 6-8-17

69268

County of Washington

City of Midvale

Registration District No. 87

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Mary Emily Vreeland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes.	May 11 1919

FATHER		MOTHER	
FULL NAME	Wm Henry Vreeland	FULL MAIDEN NAME	Ida Lane
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed 6-10 1919 F. A. Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 69268

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Emily Vreeland

Subscribed and sworn to before me this 5 day of March, 1942.

Edith M. Church
Notary Public, residing at Boise, Idaho
My commission expires May-16-1944
(Seal)

Signed Mrs Ida Vreeland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

MAR 5 1942

319-106
023-685

PLACE OF BIRT[redacted]AHO
TATISTICS
BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Gem[redacted]

City of Gross

Registration District No. 87

File No. 69278

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Elmer Olin Carlock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Caleb, Carlock	FULL MAIDEN NAME	Mary Wheatherholt,
RESIDENCE	Ola Idaho	RESIDENCE	Ola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Faschmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Registrar

Filed 5-30 1919 Faschmitz
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 69278

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for (Name on Original Certificate) Gem Co. who (Was Born or Died) was born on (Date of Event) April 6 1919 (Birth or Death) in unnamed person (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elmer Olin Carlock

Subscribed and sworn to before me this 27th day of June, 1942.

J.P. Read,
Notary Public, residing at Emmett, Idaho,
My commission expires 2/17/1944.
(Seal)

Signed Mary Valeria Carlock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ola, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gem } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June 1942.

J.P. Read,
Notary Public, residing at Emmett, Idaho,
My commission expires 2/17/1944.
(Seal)

Signed Richard S. Carlock
(Signature of Any Credible Person Other Than Previous Year)

Ola Idaho
(Street Address, City, State)

JUN 2 9 1942

354-128-044-691

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

69281

Registration District No. 87

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Jesse Romain Ledington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom Leadington	FULL MAIDEN NAME	Flora Fraze
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	~~Hous~~ Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed 5-30 1919 F. A. Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1953

281-212-044-266

PLACE OF BIRTH

County of Washington

City of Meridale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 87

Primary Registration District No. .....

File No. 69289

Registered No. .....

FULL NAME OF CHILD Nancy Marie Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 12 1919

FATHER

FULL NAME: Asbun Ben Shaw

RESIDENCE: Meridale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Meridale Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Martha May Brown

RESIDENCE: Meridale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt M. D.

Physician (Physician or midwife)

Address Meridale Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 26 1919 F. A. Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1960

396-128-044-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 57

File No. 69296

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... Vernon Crowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Mar 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry A Crowell	FULL MAIDEN NAME	Lora D Craven
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Calhoun Co, Iowa	BIRTHPLACE	Weiser, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fae Schmidt

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-10-19.9 Fae Schmidt Registrar

3/24/41 L. B.

542 - 27-044-613

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69304

County of Washington

City of Midvale

Registration District No. 87 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mervin Wilson Edson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		yes	Jan 27 1918

FATHER		MOTHER	
FULL NAME	Jerry H. Edson	FULL MAIDEN NAME	Bessie Watkins
RESIDENCE	Idaho.	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address F. Midvale Idaho

Filed 6-10 19 9 F. A. Schmitz

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

name added 11-25-81

County of Bannock

City of Pocatello

No. 1744 Roosevelt St.

217-111-003-314

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69338

Registration District No. 24 File No. 49

Primary Registration District No. 2161 Registered No. 2353

Full Name of Child Earl Saxton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M			May (Month) 11 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME John Saxton	FULL MAIDEN NAME Sylvia Campbell
RESIDENCE 1744 Roosevelt Ave Pocatello	RESIDENCE 1744 Roosevelt Ave Pocatello
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lynn

Phy (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Pocatello Idaho

Filed 5/17 1919 O B Seeley

Registrar

[redacted]

Name of

M

4-27-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
NOV 23 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jeff } ss.

Certificate No. 69338
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Saxton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-11-19 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Earl Saxton

Subscribed and sworn to before me this 13 day of October, 1981.

Notary Public Delsa Douglas
Residing at NOTARY PUBLIC
My commission expires LIFE TIME COMMISSION
(Seal) RIGBY, IDAHO

Earl Saxton
Signature of Applicant

Rt #3 Box 58 Rigby Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jeff } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of October, 1981.

Notary Public Delsa Douglas
Residing at NOTARY PUBLIC
My commission expires LIFE TIME COMMISSION
(Seal) RIGBY, IDAHO

X Emma Davis
Supporting Signature

226 Tesseneer Pocatello Ida
Street Address, City, State

1 cc pd

LDS Church Record gives Earl Saxton born 5-11-19 in Pocatello to John Albert Saxton and Silva Campbell was baptised 11-30-35. Viewed by V.S.

State of Idaho County of Bonneville Book No. 6 gives Earl Saxton and Iris M Olsen were married in Idaho Falls on 5-31-38. Viewed by V.S.

814-12
030-[redacted]

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

69339

County of [redacted]

City of May

Registration District No. 46 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Virginia Kate Hammond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 – 12 – 1919

FATHER		MOTHER	
FULL NAME	George Hammond	FULL MAIDEN NAME	Gladis Wells
RESIDENCE	May	RESIDENCE	May
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Holmes

M D

(Physician or Midwife)

Address May Idaho

Given names added from a supplemental report

19

Registrar

Filed 6-10 19 17 M Deming Greene

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

AUG 5 1971

493-22-030-653

PLACE OF BIRTH

County of Lemhi

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 41 File No. 69340

Primary Registration District No. 2116 Registered No.

FULL NAME OF CHILD ✓ Shirley Ellen Miller

Sex of Child Female | Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4 (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	George H. Miller	FULL MAIDEN NAME	Flora May Wells
RESIDENCE	Patterson	RESIDENCE	Patterson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4/22-19 at 9.00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Gilman M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address May Idaho

, 19

Filed 6-10 19 M. Dering Greene

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF

HEALTH-BUREAU OF VITAL

CERTIFICATE OF BIRTH

V45-128-030-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

69341

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Vera Munkres

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5-28 1919

FATHER		MOTHER	
FULL NAME	James Franklin Munkres	FULL MAIDEN NAME	Sarah Nichols
RESIDENCE	Carmen, Idaho.	RESIDENCE	Carmen, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-10 1919 M. Deming Greene

Registrar

RM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Salmon

Street and House No.

County Lemhi

Registered No. 41

Registration Dist. No. 2116

Sex of Child Male

Date of Birth May 28 1919
MONTH DAY YEAR

Father James Frank Munkres
FULL NAME

Mother Leah Nichols
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Verl Munkres
GIVEN NAME IN FULL SURNAME

as reported by Leah Munkres
FATHER OR MOTHER

M. Deming Greene
LOCAL REGISTRAR

413-115-030-249

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 69342

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Thomas Jesse Mackey Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		Yes	1/15 1919

FATHER		MOTHER	
FULL NAME	Thomas Jesse Mackey	FULL MAIDEN NAME	Eva Smith
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-10 1919 M. Dering Greene

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-204-030-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of

No. , St.

Hospital

FULL NAME OF CHILD ✓ Arizona Belle Spangler

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 41 File No. 69343

Primary Registration District No. 2116 Registered No.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan. 4, 1919

FATHER		MOTHER	
FULL NAME	L. C. Spangler	FULL MAIDEN NAME	Sadie Johnson
RESIDENCE	Patterson	RESIDENCE	Patterson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House-Wife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Gilman

M. D.

(Physician or Midwife)

Given names added from a supplemental report

Address May Idaho

, 19

Filed 6-10 19 19 M. Dering Greene

Registrar

Registrar

S-Y CO., 19870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] 389

PLACE OF BIRTH

County of Lemhi

City of

No. , St.

Hospital

Form V. S. No. 11-C—15m-6-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 41

File No. 69344

Primary Registration District No. 2116

Registered No.

FULL NAME OF CHILD Clarence Arthur Grubb.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan 4 1919

FATHER		MOTHER	
FULL NAME	Arthur Grubb	FULL MAIDEN NAME	Dora Christian
RESIDENCE	May	RESIDENCE	May
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Gilman

M. D.

(Physician or Midwife)

Address May Idaho

Filed 6-10 1919 M. Dening Greene

Registrar

Given names added from a supplemental report

, 19

Registrar

S-Y CO., 16670

SEP 9 1966

DEC 30 1941

314-101-030-466

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 69345

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD Died April 3

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	4/1/1912

FATHER		MOTHER	
FULL NAME	Wm. James Canman	FULL MAIDEN NAME	Bessie Moore
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Chas F. Hammer

(Physician or midwife)

Address ____

Filed 6-10 19 14 M. Deming Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-226-030-919

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

Registration District No. 41

Primary Registration District No. 2116

File No. 69346

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	3/26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton V. Williams	FULL MAIDEN NAME	Hazel Rainey
RESIDENCE	Salmon ~~23~~	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 6-10 1919 M. Dering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-121-030-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital Amended 12/4/79

Registration District No. 41

File No. 69347

Primary Registration District No. 2116

Registered No. _____

FULL NAME OF CHILD DONALD S. COOK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		Yes	3/21 1919

FATHER		MOTHER	
FULL NAME	Albert David Cook	FULL MAIDEN NAME	Mable Whiteman
RESIDENCE	Carmen	RESIDENCE	Carmen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer
(Physician or midwife)

Given names added from a supplemental report.

Donald St. Clair 19

W. C. Murphy
Registrar
Stat

Address Salmon, Idaho

Filed 6-10 1919 M. Dering Greene
Registrar

S-Y-CO 38079

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 4 12 46 PM '79

State of Idaho
County of Lemhi } ss.

Certificate No. 69347
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cook (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 21, 1919 (Date of Event)

in Salmon (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Donald S. Cook
DONALD S COOK		

Subscribed and sworn to before me this 29th day of November, 1979.

Notary Public, [signature]
Residing at Salmon, Idaho
My commission expires 8-25-80
(Seal)

[signature]
Signature of Applicant

(Box 476 Salmon Idaho 83467)
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lemhi } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 1979.

Notary Public, [signature]
Residing at Salmon, Idaho
My commission expires 8-25-80
(Seal)

Elaine J. Moore
Supporting Signature

Box 565, Salmon, Idaho 83467
Street Address, City, State

Correction corresp 3-6-79 (C)
1 copy pd

Discharge papers issued by the United States Army 22/9/43 lists name of soldier as Donald S. Cook. viewed by V.S.

DEC 4 1979

Certificate of Marriage issued 8/12/46 by the State of Idaho lists name of groom as Donald S. Cook. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

159-110-030-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69348

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41

Primary Registration District No. 2116

File No. .....

Registered No. .....

FULL NAME OF CHILD John Henry Jerrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	3/10 1919

FATHER		MOTHER	
FULL NAME	Thomas Aura Jerrell	FULL MAIDEN NAME	Louise Buckman
RESIDENCE	Carmen	RESIDENCE	Carmen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-10 1919 M. Dening Greene

Registrar

S-Y-CO 38071

MAR 2 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-115-030-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 69349

No. ____ St.

Primary Registration District No. 2116

Registered No. ____

Hospital ____

FULL NAME OF CHILD Thomas Rodney Pritchett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	7/15 1917

FATHER	MOTHER
FULL NAME Artimus Crusoe Pritchett	FULL MAIDEN NAME Loretta Belle Robins
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address ____

Given names added from a supplemental report.

....19....

....
Registrar

Filed 6-10 1919 M. Deming Greene
Registrar

S-Y-CO 38071

FEB 2 1970

319-215-030-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

No. ..... St.

Hospital .....

Registration District No. 41

File No. 69350

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD Ruth Victoria Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	5/15 1919

FATHER		MOTHER	
FULL NAME	Oscar Franc Carlson	FULL MAIDEN NAME	Marie Barrows
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-10 1919 M. Dening Greene

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713 - 226 - 230 - 246

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Tendoy

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 69351

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD Gladys Margaret Patten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	4/25/19

FATHER		MOTHER	
FULL NAME	Fred Benj. Patten	FULL MAIDEN NAME	Phebe Snook
RESIDENCE	Tendoy	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:15 P. M.

(Signature) Chas. F. Hammond

(Physician or midwife)

Address ____

Filed 6-10 19 19 M. Deming Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

K

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

6935

Place of Birth

City Jerdon

Street and House No.

County Lemhi

Registered No. 41

Registration Dist. No. 2116

Sex of Child Female

Date of Birth April 28 1919
MONTH DAY YEAR

Father Fred Benjamin Pattee
FULL NAME

Mother Phoebe Snooke
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Gladys Margaret Pattee
GIVEN NAME IN FULL SURNAME

as reported by Phoebe Pattee
FATHER OR MOTHER

M. Deering Greene
LOCAL REGISTRAR

813-108-030-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tenday

No. ..... St.

Hospital .....

Registration District No. 41 File No. 69352

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Kenneth Malcome Halstead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	4/8 1919

FATHER		MOTHER	
FULL NAME	Hal R. ~~Halsted~~ Halstead	FULL MAIDEN NAME	May Clark
RESIDENCE	Tenday	RESIDENCE	Tenday
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~3~~ 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-10 1919 M. Denny Greene

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-110-030-914

PLACE OF BIRTH

County of Lemhi

City of Salem

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69353

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD MELVIN ROY SANDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 10 1919

FATHER		MOTHER	
FULL NAME	Joseph Sanderson	FULL MAIDEN NAME	Laura Ramsey
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arizona	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Wright MD

Salem
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6-10 1919 M. Deming Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ST[illegible] IDAHO

DEPARTMENT OF PUBLIC [illegible]TH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Montana }
County of Granite } ss.

Certificate No. 66353

Date Filed March 6, 42

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Melvin Roy Sanderson (Name on original certificate) who (Was born or [illegible]) on May 10, 1919 (Date of event)
in Salmon Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by none (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Melvin Roy Sanderson		
	no name given	

Subscribed and sworn to before me this 6th day of March, 19 42

Edwin T. Jones

Notary Public, residing at Philipsburg, Montana

My commission expires Feb. 2, 1944

[SEAL]

Signed Melvin Roy Sanderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Montana }
County of Granite } ss. is brother of Melvin Roy Sanderson and

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1942

Edwin T. Jones

Notary Public, residing at Philipsburg, Montana

My commission expires Feb. 2, 1944

[SEAL]

Signed Byron Sanderson
(Signature of any credible person other than the previous affiant)

Philipsburg, Montana
(Street Address, City, State)
P.O. Box 683

Received for filing on [illegible] by [illegible]
(Registrar's signature)

MAR 7 5 [illegible]

SEP 30 1974

154-229-032-363

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69354

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Marilyn Rose Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Andrews	Pearl Cockrell
RESIDENCE	Salmon	Salmon
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	44	36
BIRTHPLACE	Idaho	Utah
OCCUPATION	Merchant	Hswf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 P M. on the date above stated.

(Born alive or stillborn)

(Signature) D Wright MD

Salmon

(Physician or midwife)

Address _____

Filed 6-10 1919 M. Deming Greene

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 4 1942

463-219-030-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69355

County of Lemhi

City of Salmon

Child's name added 08-04-06 ns

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Stella Dole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 19 1919

FATHER		MOTHER	
FULL NAME	J Henry Dole	FULL MAIDEN NAME	Vera Ling
RESIDENCE	Fra Lemhi	RESIDENCE	Lemhi
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 born alive (Born alive or stillborn), at 12 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) FS Wright MD

Salmon
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6-10 1919 M. Deing Greene
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
VITAL STATISTICS
06 AUG 23 AM 7:56

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 19-69355

Date Filed Jun 10, 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby girl Dol (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 19, 1919 (Date of Event)

in Salmon (Lemhi Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Stella Dole

Subscribed and sworn to before me this 31 St day of July, 2006

Notary Public, Paula M. Briscoe

Residing at Mesquite, Nevada

My commission expires 5/2/07
(Seal)

PAULA M. BRISCOE
NOTARY PUBLIC • STATE of NEVADA
Clark County • Nevada
CERTIFICATE # 99-36827-1
APPT. EXP. MAY 2, 2007

Linda K Kesl
Signature of Applicant

Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

7-24-06

ID BC 46-418095 FOR LINDA KATHRYN KESL BORN 03-31-46 IN SALMON (LEMHI CO) SHOWING MOTHER'S NAME AS STELLA DOLE VIEWED BY VS

ID DC 49-2858 FOR STELLA DOLE KESL WHO DIED 08-08-49 IN SALMON (LEMHI CO) VIEWED BY VS

249-107-030-899

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. _____ *St.*

Hospital _____

Registration District No. 41 **File No.** 69356

Primary Registration District No. 2116 **Registered No.** _____

FULL NAME OF CHILD Wayne George Bureson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 7 1919

FATHER		MOTHER	
FULL NAME	Axel Bureson	FULL MAIDEN NAME	Louise Hirshey
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Sweeden	BIRTHPLACE	Mont
OCCUPATION	Miner	OCCUPATION	Hwf

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Salmon
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address _____

Filed 6-10 1919 M. Denny Greene
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-13-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JAN 19 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 69356

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bureson (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1919 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Wayne George Bureson

Subscribed and sworn to before me this 16th day of January, 1970

Robert W. Erickson
Notary Public, residing at Billings, Mont.
My commission expires May 17, 1971
(Seal)

X Signed Louise A. Newell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2919 Mont Ave Billings Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JAN 20 1970

Notice of Separation from U. S. Naval Service issued Feb. 1946. Inducted May 5, 1944 gives name as Wayne George Bureson.
Viewed by V.S.

p Application for Employment sated Oct. 3, 1952 gives name as Wayne George Bureson. CArpenter Paper Company.

Viewed by V.S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

Registration District No. 120 — 69357 — File No. XXI

No. ..... St. 568-124-016-343

Primary Registration District No. 2199 — Registered No. 9

Hospital .....

FULL NAME OF CHILD Ray Lucas Voyce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	May 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Voyce	FULL MAIDEN NAME	Lucilla Lucas
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Raine, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Registrar

Filed Jan 10 1919

[signature]

Registrar

7-8-41

AUG 14 1943

394-221-016-763

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69358

Registration District No. 120

File No. XXI

Primary Registration District No. 2199

Registered No. 8

FULL NAME OF CHILD Margaret Erna Linkfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Linkfield	FULL MAIDEN NAME	Ella Jolly
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed June 10 19 A. E. Nielson

SEP 26 1992

396-220-016-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

69359

Registration District No. 120

File No. XXI

Primary Registration District No. 299

Registered No. 7 ~~[illegible]~~

FULL NAME OF CHILD Croft

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	May 20 1919

FATHER		MOTHER	
FULL NAME	Henry Croft	FULL MAIDEN NAME	Lola Krebbs
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed June 10 19 A. G. O. Nielson

813 - 219 - 016 - 764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

69360

Registration District No. 120 File No. XXX

Primary Registration District No. 219 Registered No. 6

FULL NAME OF CHILD Claire Hale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 19 19

FATHER

FULL NAME Uriel Hale

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edna Poulton

RESIDENCE Oakley

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 9:35 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Nelson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Address Oakley Idaho

Filed June 10 19 17 M. E. Nelson

431-118-016-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69361

Registration District No. 120 File No. XXI

Primary Registration District No. 2149 Registered No. 5

FULL NAME OF CHILD John Ole McArthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 18 1919

FATHER		MOTHER	
FULL NAME	J. O. McArthur	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed June 10 19 A. G. O. Nielson

APR 1 1943

Named from card 3/31/43 Z.J.

768-117
016-951
Amended 6-16-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 69362
Local Reg. No. 4
Reg. Dist. No. 120

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Lawrence b. (Middle): Read c. (Last): Gorringe

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	May 17, 1919

1130a

FATHER OF CHILD

7. FULL NAME

a. (First): Edward b. (Middle): Victor c. (Last): Gorringe

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
50 YEARS	Utah	Saddler	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Josephine b. (Middle): c. (Last): Read

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
42 YEARS	Utah	8	4	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A.F.O. Nielson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Oakley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1919

22. REGISTRAR'S SIGNATURE: A.F.O. Nielson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Duplicate, type or print in black ink. Register in district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

5-24-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69362

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Gorrange (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1919 (Date of Event), in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed Gorrange	Lawrence Read Gorringe
father's name	Victor Gorrange	Edward Victor Gorringe

Subscribed and sworn to before me this 29th day of May, 1967

Notary Public, residing at Boise, Idaho
My commission expires Nov. 18, 1967
(Seal)

Signed Lawrence Read Gorringe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2006 Pond St - Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of June, 1967

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1968
(Seal)

Signed Ellen M. Gorringe
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

2 cc pd - Rec # 15145

Own childs birth certificate lists name of father as Lawrence Read Gorringe.
Child born Aug 18, 1939, certificate # 286977
Viewed by V. S.

Death certificate of father lists his name as Edward Victor Gorringe, certificate #136863, died Dec. 1, 1943.

Viewed by V.S.

Insurance Policy issued April 1, 1947 lists name as Lawrence Read Gorringe. Issued by The United States of American National Service life.Co.
Viewed by V. S.

Permit to Hunt and Fish # 847 certifies that Edward Victor Gorringe is granted permission to hunt and fish in the State of Idaho. Issued Oct. 8, 1943 by A. N. Mueller, Fish & Game.
Viewed by V. S.

713-109-016-713

69363

Form V. S. No. H-O 9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122

Primary Registration District No. 299

File No. XX

Registered No. 3

FULL NAME OF CHILD James Howard Patrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 9 1919

FATHER

FULL NAME: Claire Patrick

RESIDENCE: Oakley

COLOR: white

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Auto-mechanic

MOTHER

FULL MAIDEN NAME: Etta Patrick

RESIDENCE: Oakley

COLOR: white

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 10.15 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Nelson

(Physician or midwife)

Address Oakley Idaho

June 10 1919

J. E. Nelson

Given names added from a supplemental report.

..... 19.....

.....

OCT 9 1950

622-204016231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

69364

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 9

FULL NAME OF CHILD Verda Harriett Osborne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Osborne	FULL MAIDEN NAME	Isabelle Stanger
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

June 10-19 N. H. Nielson

Filed ..... 19.....

SEP 29 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Crook } ss.

RECEIVED
AUG 21 1970
Bureau of Vital Statistics

Certificate No. 69364

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Osborne (Name on Original Certificate) born (Was Born or Died) on May 4, 1919 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Verda Harriett Osborne

Subscribed and sworn to before me this 11th day of August, 1970.

Lorraine Sindel
Notary Public, residing at Prineville, Oregon.
My commission expires Jan. 11, 1971
(Seal)

Signed Goldie H. Demaris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hampton Station Brothers, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Crook } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of August, 1970.

Lorraine Sindel
Notary Public, residing at Prineville, Oregon.
My commission expires Jan. 11, 1971
(Seal)

Signed Georgia Demaris
(Signature of Any Credible Person)

Rt. 1 Box 375 - Prineville, Ore.
(Street Address, City, State)

FORM DH 60-155 CL 7/24/70 nm

Genealogical Record from LDS Church Child' s name as Verda Harriet Osborne, Born May 4, 1919 at Oakley, Idaho. Parents name as Joseph Oliver Osborne and Mary Isabell Stanger. Appears to be old. Viewed by V. S.

Application for Social Security Account Number gives name as Verda Harriett Smith Date of birth May 5, 1919 at Oakley,Idaho. Dated Jan. 25, 1952 Viewed by V. S.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69365

County of Cassia

[redacted] Oakley

231-204

016-315 St.

[redacted]al

Registration District No. 120 File No. XXI

Primary Registration District No. 2199 Registered No. 1

[redacted] NAME OF CHILD Nellie Stapley

[redacted] Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Charles Stapley	FULL MAIDEN NAME	Eliza Ann Tanner
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainsmith D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Oakley, Idaho

19

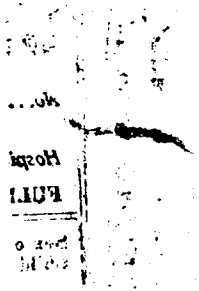
Registrar

Filed June 16 1919 [illegible] Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK. THIS IS

N. B. In case of more than one child at birth a SEPARATE and the number of each, in order of bir



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia

AUG 25 1941

Certificate No. 69365
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nellie Stapley (Birth or death)
for Nellie Stapley (Name on original certificate) who born (Was born or died) on May 4 1919 (Date of event)
in Oakley (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date),

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Nellie Stapley

Subscribed and sworn to before me this 23rd
day of August 19 41

J C Gaskell
Notary Public, residing at Burley Ida
My commission expires June 3rd 1942
[SEAL]

Signed Mrs John C Stapley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Oakley Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of August 19 41

J C Gaskell
Notary Public, residing at Burley Ida.
My commission expires June 3rd 1942
[SEAL]

Signed [illegible]
(Signature of any credible person other than the previous affiant)
[illegible]
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

619-105
016-579

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69366

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XX

Primary Registration District No. 2199

Registered No. 53

FULL NAME OF CHILD Lewis Elwin Ward

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	May 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Abraham Ward	FULL MAIDEN NAME	Ella Alberetta Elison
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed June 10 1919

N. O. Nelson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-130
025 2376

PLACE OF BIRTH

[redacted] U. S. No. 11-C-[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69367

County of Idaho

City of Kooskia [redacted] District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 18

Hospital

FULL NAME OF CHILD Clyde Oscar Long

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Long	Nora Scott
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	55	34
BIRTHPLACE	Dayton - Wash	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.
Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

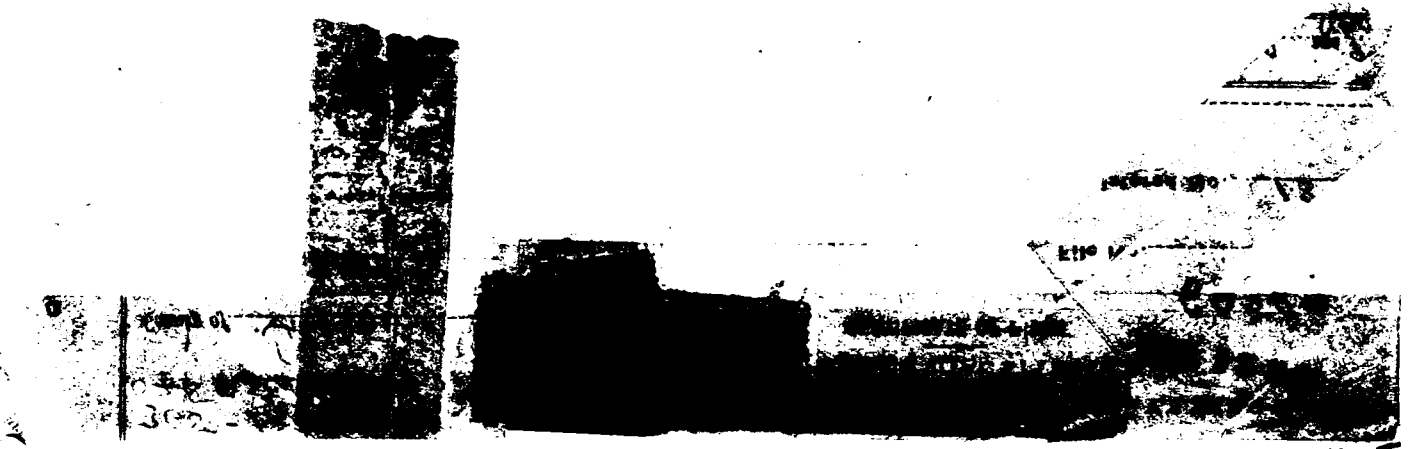
Filed June 1 1919 J. M. Verbeck M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



312-122-030-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69368

County of Lemhi

City of Carmen

Registration District No. 41

File No.

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD John Henderson Caswell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	1/27 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Caswell	Flora Gravely
RESIDENCE	Carmen	Carmen
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45	24
BIRTHPLACE	So Carolina	So Carolina
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammon

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

19

Registrar

Filed 6-10 19 19 M. Deming Greene
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1970

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

c 365

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Salmon

Street and House No.

County Lemhi

Registered No. 41

Registration Dist. No. 2116

Sex of Child male

Date of Birth Jan (MONTH) 27 (DAY) 1919 (YEAR)

Father John F. Cassell (FULL NAME)

Mother Flora Grandy (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

John Hendon Cassell
(GIVEN NAME IN FULL) (SURNAME)

as reported by Flora Cassell
(FATHER OR MOTHER)

Madeline Greene
(LOCAL REGISTRAR)

842-131-044-3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]RTIFICATE OF BIRTH

69369

County of Washing[redacted]

City of Midvale

[redacted]n District No. 87

File No.

No. St.

[redacted] Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Robert T Hurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 31 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Seth T. Hurst	FULL MAIDEN NAME	Maude L Coats
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth #6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Midvale Idaho

19

Filed 2-20 1919

Fa Schmitz

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

391-116-025-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

S[redacted]AHO
BUREA[redacted]STATISTICS
CER[redacted] OF BIRTH

69370

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

Registration District No. 103

File No. _____

Primary Registration District No. 1001

Registered No. 23

FULL NAME OF CHILD Jesse Allen Cravens ~~23~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 16 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jesse C. Cravens	FULL MAIDEN NAME	Lancy Allen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Collon Co Tex.	BIRTHPLACE	Collon Co. Tex
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Grangeville Idaho

Filed June 1 1919 G O Stockton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

—DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 69370

Date Filed APR 21 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Jessie Allen Cravens (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 16, 1919 (DATE OF EVENT) in Grangeville, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by County record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 1, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's name,	Lancy Allen	Nancy Allen Jacks
Mother's age,	24 years	23 years
Mother's birthplace,	Collon Co. Texas,	Shawnee, Okla.

Subscribed and sworn to before me this 18th day of April, 1942

Deckard Campbell
Notary Public, residing at Grangeville, Idaho

My commission expires July 26-1945
(SEAL)

(pottawatomie County)

Signed Nancy Allen Cravens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grangeville Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 1942

Deckard Campbell
Notary Public, residing at Grangeville Ida

My commission expires July 26-1945
(SEAL)

Signed B. Hickman M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Grangeville Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

393-109-007-845

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF VIT[redacted]
CERTIFICATE [redacted]

[redacted] V. S. No. 11-C—25m-9-8-17

69371

County of Blaine

City of Bellevue

Registration District No. 21

File No.

No. ..... St.

Primary Registration District No. 2022

Registered No. 10

Hospital

FULL NAME OF CHILD Otto Le Roy Lilya

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard V. Lilya	FULL MAIDEN NAME	Eva L. Hunt
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue ~~Hailey~~, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Sanpete, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey, Ida.

Filed Jan 15 1919 Robert H. Wright

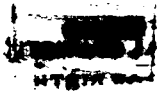
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

ENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFID[illegible]ORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lincoln } ss.

Certificate No. 69371

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 1 - 9 - 1919 (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Otto LeRoy Lilya

Subscribed and sworn to before me this 10th day of May, 1944.

Probate Judge
Lincoln County Idaho
Notary Public residing at Shoshone, Idaho

My commission expires Jan. 1945
(Seal)

Signed Eva Hunt Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Shoshone, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lincoln } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1944.

Probate Judge
Lincoln County Idaho
Notary Public residing at Howard E. Adkins Shoshone Idaho

My commission expires Jan. 1945
(Seal)

Signed Otto LeRoy Lilya
(Signature of Any Credible Person Other Than Previous Year)

Shoshone, Idaho
(Street Address, City, State)

MAY 13 1944

613 [illegible] -819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21

File No. 69372

Primary Registration District No. 2022

Registered No. 11

FULL NAME OF CHILD Pearl Roberta Fator

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 1 1919

FATHER		MOTHER	
FULL NAME	Gaston F. Fator	FULL MAIDEN NAME	Pearl Harris
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Picabo, Idaho	BIRTHPLACE	Ketchum, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 69 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey, Idaho

Filed Apr. 5 1919 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1957

653-110-007-5-44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 4-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 69373

Primary Registration District No. 2022 Registered No. 12

FULL NAME OF CHILD James Lowell Weldon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 10 1919

FATHER		MOTHER	
FULL NAME	J. W. Weldon	FULL MAIDEN NAME	Loney Edmondson
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Clark Co. Illinois	BIRTHPLACE	Carl Co. Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Address Hailey, Ida.

Filed May 15 1919 Robert H. Wright

Registrar

199-103-007-151

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69374

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 13

FULL NAME OF CHILD Eusebio Arriaga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 3 1919

FATHER		MOTHER	
FULL NAME	Eusebio Arriaga	FULL MAIDEN NAME	Pia Anamuno
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

(Signature) Robert H. Wright M D

(Physician or midwife)

Address Hailey, Ida

Filed June 5 1919 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KJ

MAR 4 1942

JUL 2 0 1942

APR 3 1942

APR 1 1943

239-208-007-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 69375

Primary Registration District No. 2022 Registered No. 14

FULL NAME OF CHILD Lera May Stredder

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Mar. 8 (Month) (Day) 19 (Year)

FATHER

FULL NAME: Fredrick Stredder

RESIDENCE: Hailey, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: American Falls, Ida.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Amelia Maretta Dary

RESIDENCE: Hailey, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Hailey, Ida.

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mar. 10 1919 Robert H. Wright

Registrar

..... Registrar

OCT 7 19

415-209-007-791

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69376

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 15

FULL NAME OF CHILD Loretta May Davy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar. 9 1919

FATHER		MOTHER	
FULL NAME	Bryan A. Davy	FULL MAIDEN NAME	Cynthia M. Graham
RESIDENCE	Hailey, Ida.	RESIDENCE	Hailey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hailey, Ida.	BIRTHPLACE	Hailey, Ida.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 2. Number of children of this mother now living, including present birth .... 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 P.M. on the date above stated.

(Signature) Robert A. Wright M. D.

(Physician or midwife)

Address Hailey, Ida.

Filed Mar. 12 1919 Robert A. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 19

361-118-007-298

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69377

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 16

FULL NAME OF CHILD ..... Lonnie EARL Coates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 18 19 9

FATHER	MOTHER
FULL NAME Lonnie C. Coates	FULL MAIDEN NAME Mattie Bryan
RESIDENCE Hailey, Idaho	RESIDENCE Hailey, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Weaverville, N. C.	BIRTHPLACE Marshall, N. C.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Address Hailey, Ida.

Filed Mar 20 19 19 Robert H. Wright
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 6 1990

-755-216-027-296

PLACE OF BIRTH

Name added 6/18/81

of Jerome Amended 7/22/81

Jerome

St.

al

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69378

Primary Registration District No. 1017-2017 Registered No.

NAME OF CHILD Elizabeth Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	ayes	March 16 1919

FATHER	MOTHER
FULL NAME Fred W Peterson	FULL MAIDEN NAME Blossom Grouns
RESIDENCE Jerome County	RESIDENCE Jerome County
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Chicago	BIRTHPLACE Chicago
OCCUPATION Farmer	OCCUPATION Horse wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford S Powell M.D.

(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Filed June 19 1919 E. D. Pyle M.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

dup of 1919-71002

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 69378
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar. 16, 1919 (Date of Event)
in Jerome, ID Jerome (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Elizabeth Peterson
Mother's maiden name	Brown	Grouns

Subscribed and sworn to before me this 18th day of June, 1981.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires 4-3-85
(Seal)

Elizabeth Peterson Behrens
Signature of Applicant
909 Westwood St. Nampa Ida
Street Address, City, State 83651

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1981.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3rd 1985
(Seal)

Elizabeth Behrens
Supporting Signature
901 Westwood Nampa Idaho
Street Address, City, State 83651

6/18/81

JUN 1 8 1981

Birth cert. of daughter Vicki Behrens born Nov. 5, 1946 at Wendell, ID , to Ralph LeRoy Behrens & lists mother as Elizabeth Peterson age 27, born at Jerome, ID. S.F.#428437 Viewed by V.S.

Statement from IPE Credit Union-Boise :Elizabeth Peterson Behrens member since 6-1-63 S.S.#519-46-4621 Birth date March 16, 1919. Viewed by V.S.

Cert. of Brother Fred William Peterson, Jr. born Dec. 12, 1920 at Jerome, File #90758 gives parents as Fred W. Peterson and Blossom Grouns. Viewed by V.S.

Marriage License gives name as Blossom V. Grouns married to Fred W. Peterson at Jerome, ID in Feb. of 1918. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

69379

File No.

No. 498-102-032-86 Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Masamori Miyagishima

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 2 1919

	FATHER	MOTHER
FULL NAME	Heikichi Miyagishima	Yasu Hozono
RESIDENCE	Jerome	Jerome
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) E. D. Pipes M.D.

(Physician or midwife)

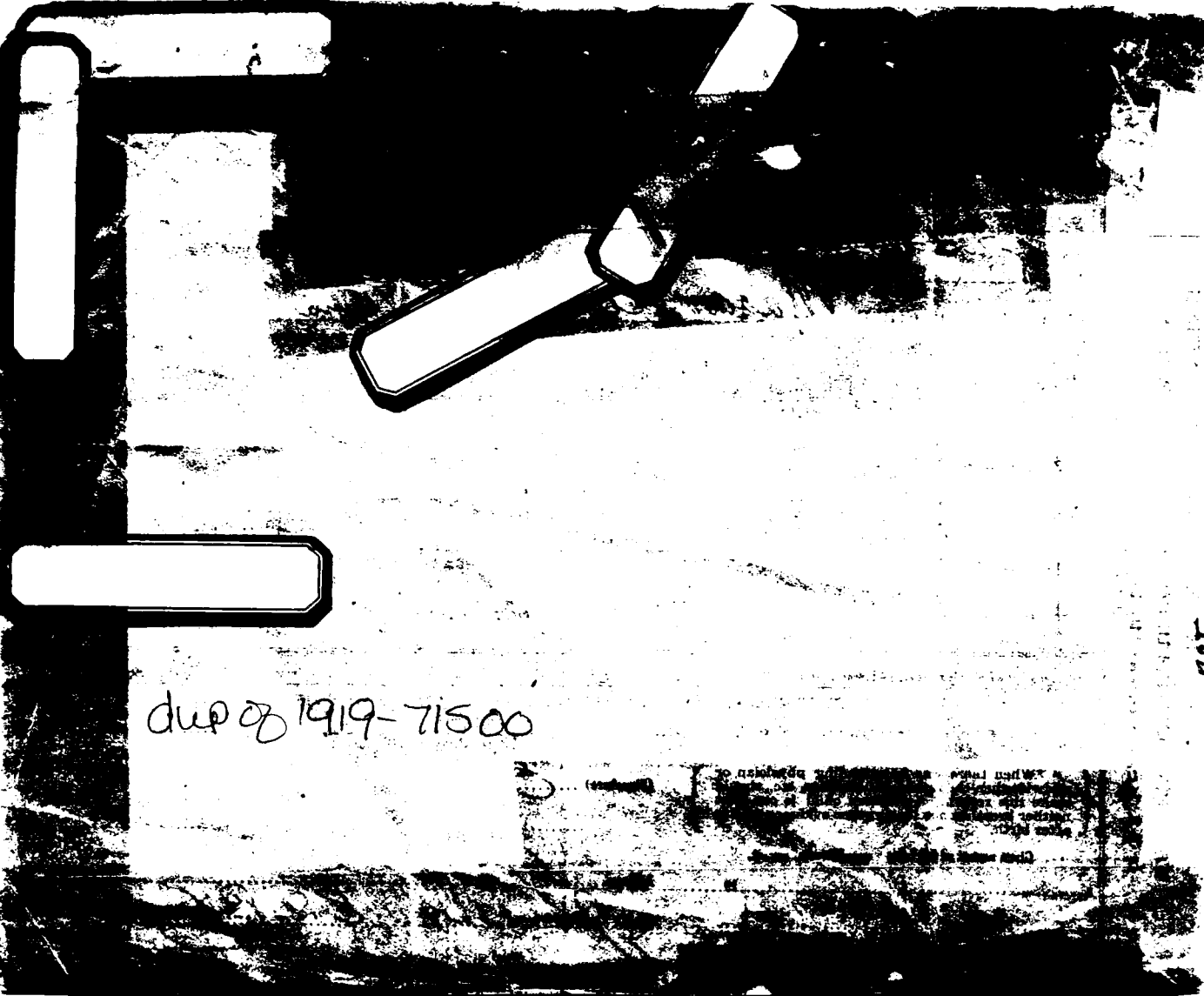
Address Jerome

Filed June 13 1919 E. D. Pipes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given names added from a supplemental report.

19


dup of 1919-71500

PLACE OF BIRTH

County of Lincoln

City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 23 File No. 9/6379

Hospital ..... Primary Registration District No. 1017 201 Registered No. .....

FULL NAME OF CHILD Masanori Miyagishima
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	June 2 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
Full Name: Heikichi Miyagishima	Full Maiden Name: Jasu Ho
Residence: Yellow	Residence:
Color: Yellow	Color:
Age at last Birthday: 35 Years	Age at last Birthday: ..... Years
Birthplace: Japan	Birthplace:
Occupation: Farmer	Occupation:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive, at ..... M. on the date above / Stillborn } stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report.

(Signature) .....

(Physician or midwife)

....., 19..... Address .....

..... Filed ..... 192.....

Registrar. Registrar.

THIS IS TO CERTIFY, That the above is a true and correct copy of a certificate of birth, filed in the Bureau of Vital Statistics, Department of Public Welfare, as directed by the Act of Legislature, approved March 9, 1911.

COMMISSIONER OF PUBLIC WELFARE

Date ....., 192..... By .....

692 - 21 - 032 - 791

PLACE OF BIRTH Amended Aug. 11, 1960

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. 69380

Hospital ..... Primary Registration District No. 1017-1027 Registered No. .....

FULL NAME OF CHILD Elizabeth Wiswall

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 11, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Wiswall	FULL MAIDEN NAME	Bettie Graves
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Illinois	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper, M.D.

(Physician or midwife)

Address Jerome

Give names added from a supplemental report.

....., 192.....

....., ?.....
Registrar.

Filed 6-13-1919 192 E. D. Piper, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

To correct child's name, Family record book dated Dec. 25, 1925, shows name as Elizabeth Wiswall, viewed by V.S.; Better Babies Certificate of examination issued by the Woman's Home Companion, dated September 22, 1920, viewed by V.S.; to correct mother's name, Family Record book, dated Dec. 25, 1925, shows name as Bettie Graves, viewed by V.S. also gives father's name as Chas. Wiswall viewed by

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 69380

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Wiswold (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1919 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Elizabeth Wiswold	Elizabeth Wiswall
Name of father	Charles Wiswold	Charles Wiswall
Name of mother	Etta Graves	Bettie Graves

Subscribed and sworn to before me this 14th day of August, 1957

Notary Public, residing at Jerome, Ida.
My commission expires April 22 - 1962
(Seal)

Signed Charles Wiswall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Court House Jerome Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1957

Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1962
(Seal)

Signed John W. Wiswall
(Signature of Any Credible Person)

Jerome Idaho
(Street Address, City, State)

FORM DPH 55.155

Certificate of Membership in the Idaho Egg Producers
dated March 28, 1938 gives name as Charles Wiswall viewed by VS;

Certificate of Stock in Jerome Co-operative Creamery
dated November 21, 1929 gives name as Charles Wiswall viewed by VS

256 H5 [illegible]

PLACE OF BIRTH

[illegible]

Form V. S. No. 11—25m-1-4-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69381

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-1027 Registered No.

Hospital

FULL NAME OF CHILD Walter ~~Hugh~~ Howard Snodgrass

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	June 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene M. Snodgrass	FULL MAIDEN NAME	Lena Howard
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Jerome Idaho

Filed June 16 1919 E. D. Piper M.D.

Registrar

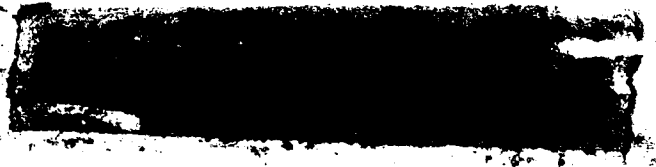
Registrar

S-Y CO. 24556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLEASE WRITE PLAINLY

FULL NAME OF CHILD Walter Howard Snodgrass

PLACE OF BIRTH Jerome DATE OF BIRTH June 15 1919 SEX OF CHILD male

1. Number of children born to this mother, including present birth three (3)
2. Number born alive and now living three
3. Number born alive but now dead none
4. Number of children born dead none

FATHER	MOTHER
Eugene Munn Snodgrass (Full name)	Lena Howard (Full Maiden Name)
Jerome Idaho (Residence)	Jerome Idaho (Residence)
Age at last birthday 38	Age at last birthday 36
Albion, Idaho (Birthplace)	Lewiston Idaho (Birthplace)
Optometrist (Occupation)	Homemaker (Occupation)

RECEIVED OCT 29

495-228-032-249

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 69383

Primary Registration District No. 1017-1027 Registered No. .....

FULL NAME OF CHILD Esther May Diedrich

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	Apr 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Theodore Diedrich	FULL MAIDEN NAME	Pearl Smith
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	Mechanic - (auto)	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Pfn M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Jerome Idaho

Filed June 14 1919 E D Pfn M.D.

Registrar Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 [redacted]

234-113-032-959

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69384

County of Lincoln

City of Jerome

Registration District No. 23 File No.

No. St.

Primary Registration District No. 1017-1021 Registered No.

Hospital

FULL NAME OF CHILD Peter John Stuhlsatz Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 13 1919

FATHER		MOTHER	
FULL NAME	Peter John Stuhlsatz	FULL MAIDEN NAME	Susanna Powell Reid
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 9, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M.D.
(Physician or midwife)

Address Jerome

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 14 1919 E. D. Pyle
Registrar

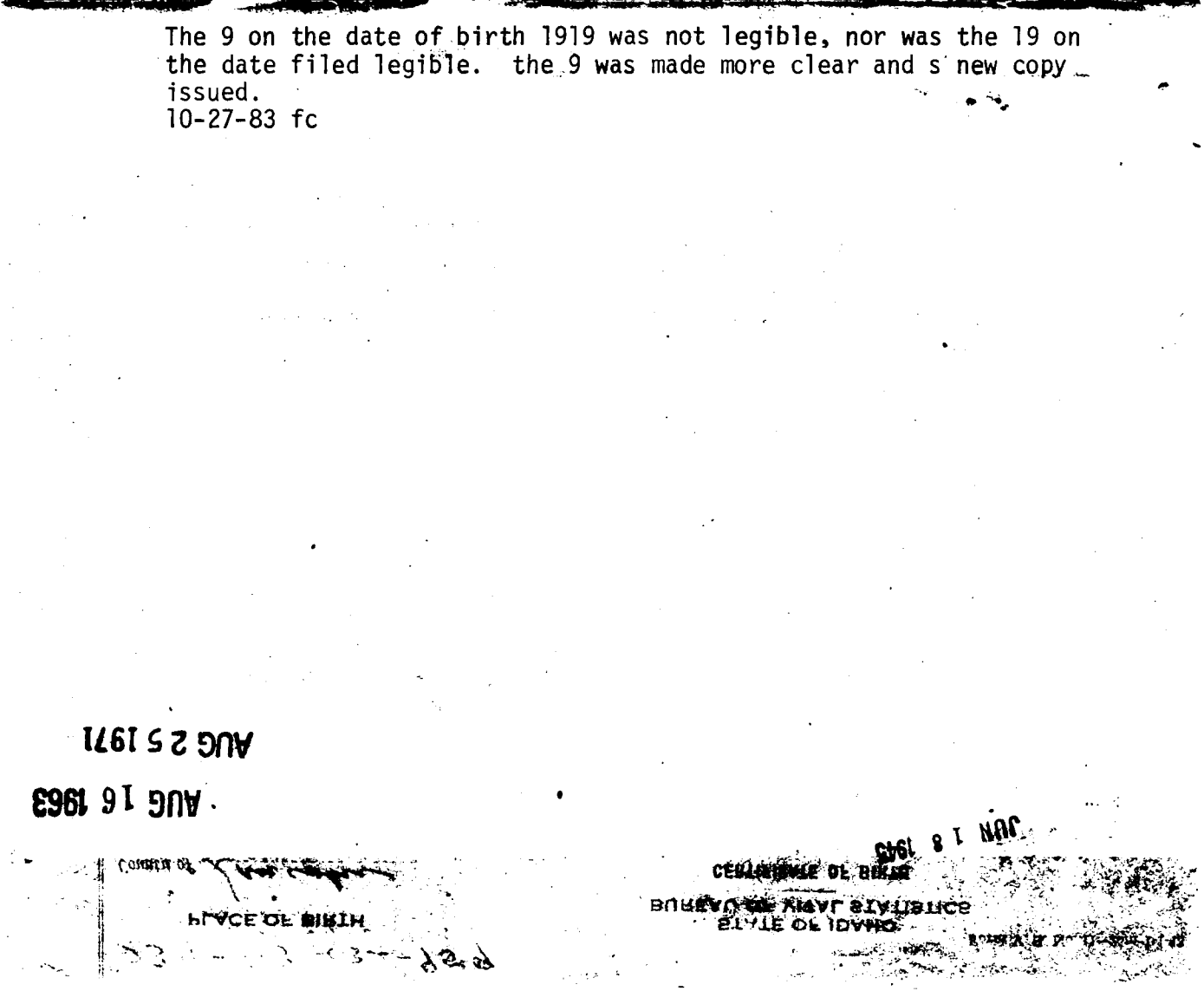
S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The 9 on the date of birth 1919 was not legible, nor was the 19 on the date filed legible. the 9 was made more clear and s new copy issued.
10-27-83 fc



352-131-032-319

First name added 3-6-81

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 69385

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Wayne Jack Lester

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	May 31 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank C Lester	FULL MAIDEN NAME	Daisy Carr
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pifer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Jerome

Filed June 19 1919 E. D. Pifer Registrar

Registrar

S-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 10 02 AM '81

State of Idaho
County of _____ } ss.

Certificate No. 69385
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Jack Lester (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 31, 1919 (Date of Event)

in Jerome (Lincoln) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	omitted	Wayne

OFFICIAL SEAL
CHERYL M. BARRETT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
MONTEREY COUNTY
My Commission Expires January 11, 1985

Subscribed and sworn to before me this 28th day of Feb 1981

Notary Public, Cheryl M Barrett

Residing at 567 Cherokee Ct Salinas Ca 93906

My commission expires Jan 11, 1985

(Seal) CHERYL M. BARRETT

V Wayne Jack Lester
Signature of Applicant

6095 Chesbro Ave
Street Address, City, State
San Jose Ca 95123

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Not necessary ✓)

State of Calif
County of Monterey } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Feb 1981

OFFICIAL SEAL
CHERYL M. BARRETT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
MONTEREY COUNTY
My Commission Expires January 11, 1985

Notary Public, Cheryl M Barrett

Residing at 567 Cherokee Ct Salinas Ca 93906

My commission expires Jan 11, 1985

(Seal) CHERYL M. BARRETT

X Hazel Lester Hewlett
Supporting Signature

1203 First Ave Salinas Ca 93905
Street Address, City, State

2-23-81 fc RUSH correction corresp. (L)

Birth registration for a child born to Wayne Jack Lester gives father's complete name. Child born December 28, 1958, in San Jose, California. Copy issued by the San Jose City Health Department. Index # 9653.
Viewed by V.S.

Marriage certificate issued by the county of Washoe, State of Nevada gives first name as Wayne, married to Penelope F. Tohline. Married June 20, 1949, # 292083.
Viewed by V.S.

756-205-032-962
Name added 4-27-79

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69386

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD BERNICE JUANITA George

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes	June 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Clark George	FULL MAIDEN NAME	Elva Robinette
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Pfeiffer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Jerome

Filed June 20 1919 E. D. Pfeiffer Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1974

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 13 10 00 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 69386
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed George (Female) who was born on June 6, 1919
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Jerome (Lincoln) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed George	Bernice Juanita George

Subscribed and sworn to before me this 6 day of
March, 19 79.
Notary Public, E. D. Melton
Residing at Scappoose Oregon
My commission expires 4-30-82
(Seal)

Signature of Applicant
Rt 1 Box 420-A Scappoose Oregon 97056
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

2-20-79

Certified record of school census of October 25, 1932, for School Dist # 2, tha John Gumm, St. Helens, McBride, Oregon County of Columbia, Bernice Tillotson whose parent or guardian was E. R. Tillotson Age 13 years of age at the time the census was taken.
Viewed by V.S.

Marriage record gives name of bride as Bernice George Tillotson and was married July 23, 1934 Issued by the Rev. Paul Stunzmanof Portland, Oregon.
Viewed by V.S.

(Add Bernice only - Documents did not give Juanita)

Family Record shows that Bernice Juanita George was born June 6, 1919, Father Raymond George, mother Elva Robinette George = sister Goldie Marie George, and two brother's Raymond LeRoy George and George Lewis George. A Stepfather is also listed as Earl Tillotson. Record obviously old.
Viewed by V.S.

493-104-032-864

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69387

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. .....

Primary Registration District No. 1012-1027 Registered No. .....

Hospital .....

FULL NAME OF CHILD Douglas Austin Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 4 1918

FATHER		MOTHER	
FULL NAME	Arthur E. Miller	FULL MAIDEN NAME	Dorothy Youngquist
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) E. D. Pipes M. D.

(Physician or midwife)

Address Jerome Ida

Filed 6/13 1918 E. D. Pipes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/12/41

634-210-033-621

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2178

File No. 69389

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 10 1919

FATHER		MOTHER	
FULL NAME	H. Ota	FULL MAIDEN NAME	Hana Okamura
RESIDENCE	Sugar City, Idaho	RESIDENCE	Sugar City
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician

(Physician or midwife)

Address Sugar City Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69390

PLACE OF BIRTH

County of Bonneville

City of Rathdrum

No. 769-216-028-855 St.

Registration District No. 30 File No.

Primary Registration District No. 2051 Registered No. 672

Hospital

FULL NAME OF CHILD Gabrielle Gorremans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Female		Yes	Feby 16

FATHER		MOTHER	
FULL NAME	Charles Gorremans	FULL MAIDEN NAME	Rachelle Sabine He
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 P on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Dreman M.D.

no Physician or midwife (Physician or midwife)

Given names added from a supplemental report Reported

Address ~~Rath~~ Rathdrum

Filed April 1 the 1919 D D Dreman

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted] 897-103 018-366

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69391

County of Clearwater

City of Orofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 36

Hospital

FULL NAME OF CHILD Lawrence Vivian Higginbotham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 3 1919

FATHER		MOTHER	
FULL NAME	John Higginbotham	FULL MAIDEN NAME	Goldie May Cook
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Orofino, Ida

Filed May 4 1919 J. M. Fairly
Registrar

S-Y-CO 38071

AGE OF BIRTH

546-204-018-265

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69392

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 37

FULL NAME OF CHILD Maud Mae Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 4 1919

FATHER		MOTHER	
FULL NAME	Virgil Edwards	FULL MAIDEN NAME	Bertha Boehm
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Patent Medicine Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Ida

_____ 19__

Filed June 1 1919 J. M. Fairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

218-205-018-623

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canonaty

City of Dent

No. ..... St.

Registration District No. 90

File No. 69393

Primary Registration District No. 2168

Registered No. 38

Hospital .....

FULL NAME OF CHILD Mary Sayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 5 1919

FATHER	MOTHER
FULL NAME Lawn Sayer	FULL MAIDEN NAME Hallie Fay Osborne
RESIDENCE Dent Ida	RESIDENCE Dent, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Mo	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Stanley

Physician

(Physician or midwife)

Address Osborne, Ida

Given names added from a supplemental report.

..... 19.....

Filed June 1 1919 J. M. Stanley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1971
AUG 1 4 1972

261-207-018-144

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69394

Registration District No. 90 File No. [illegible]

Primary Registration District No. 2168 Registered No. 39

SARA JANE SWANTEK

FULL NAME OF CHILD Sara Jane Swantek

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	X	X	yes	May 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stanley R. Swantek	FULL MAIDEN NAME	Bessie Jennings
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile W Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Orofino Idaho

Filed May 19 1919, J. McFarley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-114-018-795

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69396

County of Clearwater

City of Weippe

No. _____ St.

Hospital _____

Registration District No. 90

File No. _____

Primary Registration District No. 2168

Registered No. 41

FULL NAME OF CHILD Loyal Gordon Weaver

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	5/14/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Walter Weaver	FULL MAIDEN NAME	Constance Prewitt
RESIDENCE	Weippe Idaho	RESIDENCE	Weippe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Steam Dredgeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Orofino Ida

Filed June 18 1919 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1974

6/19/41 L. B.

846-222-018-819

Amended June 24, 1963

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 69397
Local Reg. No. 42
Reg. Dist. No. 90

1. PLACE OF BIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teakean
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teakean
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Corinne
b. (Middle): Dawn
c. (Last): Huffman

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 22, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Claude
b. (Middle):
c. (Last): Huffman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Oregon

11a. USUAL OCCUPATION: Saw Mill

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle): M.
c. (Last): Harvey

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Erle W. Horswill

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Orofino, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: June 18, 1919

20. REGISTRAR'S SIGNATURE: J. M. Fairly

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

STRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

JUN 14 1963
Bureau of Vital Statistics

Certificate No. 69397

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Corrine Dawn Hoffman (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1919 (Date of Event),
in Tekoan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's ~~Last~~ Name	Hoffman	Huffman, Corinne Dawn
Child's Date of Birth	May 21, 1919	May 22, 1919
Father's Last Name	Hoffman	Huffman

Subscribed and sworn to before me this 5th day of June, 1963

Notary Public, residing at Spokane, Wash.
My commission expires 3/29/65
(Seal)

Signed Mrs C E Thornburg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1518 S Magnolia Spokane Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1963

Notary Public, residing at Spokane, Wash.
My commission expires 3/29/65
(Seal)

Signed Mrs Ralph Caballero
(Signature of Any Credible Person)

2217 S Cuba
(Street Address, City, State)
Spokane Wash.

FORM DH 60-155
rush

CL 5-14-63. one copy pd. rec. #05966.

State of Washington, County of Spokane, No. 56556 A, married July 2, 1938 at Spokane, Washington gives full name of groom as Elmer Carl Woodall and full name of bride as Corinne Dawn Huffman - viewed by V.S.

Cert. Copy of Own Child's Birth Cert., State of Washington, copy issued June 11, 1963 - child born July 28, 1947 at Spokane, Washington to John Monroe Traylor, Jr., age 27, born in McComb, Miss. and Corinne Dawn Huffman, age 27, born in Lenore, Idaho - viewed by V.S.

Senate and House Journal, Idaho 1923 gives name as Claude Huffman from Teakean, Clearwater County, Idaho. viewed by V.S.

Another child's birth Certificate, Idaho #263323, gives father's name as Claude Huffman.

Notarized statement regarding school record, Spokane Public Schools, William C. Sorenson, Supt. States Corinne Huffman attended Lewis & Clark High School, Spokane, Washington Jan 2, 1934. Her date of birth was given as May 22, 1919 and her father's name as Claude Huffman. viewed by V.S.

Voting Registration, City of Spokane, A. A. Brown, Clerk of the City signed 6-18-63. gives name as Claude Huffman registered Oct 15, 1934. viewed by V.S.

154-396
035 PLACE OF BIRTH [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 278

File No. 69398

Registered No. .....

FULL NAME OF CHILD Hilda Edith Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 6th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Anderson	FULL MAIDEN NAME	Hilda Hokanson
RESIDENCE	Salem Idaho	RESIDENCE	Salem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Coalville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On June 6th 1919. 3-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho.

Filed 6/9 19 19

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1949

219-104-033-843

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69399

County of Madison

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 180

Primary Registration District No. 2178

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 4th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Moses Barney	FULL MAIDEN NAME	Rachel Hutchinson
RESIDENCE	Sugar Idaho	RESIDENCE	Sugar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On June 4th 1919 at 12-30A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 6/9 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-110-093-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ *St.*

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. 69400

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** June (Month) 10th (Day) 1919 (Year)

FATHER		**MOTHER**	
FULL NAME	Elmo S. Webster	**FULL MAIDEN NAME**	Lavina Walker
RESIDENCE	Rexburg Idaho	**RESIDENCE**	Rexburg Idaho
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	30	**AGE AT LAST BIRTHDAY** (Years)	30
BIRTHPLACE	Franklin Idaho	**BIRTHPLACE**	Louisville Idaho
OCCUPATION	Farmer	**OCCUPATION**	Houdewife

Number of child of this mother, including present birth 6th **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On June 10th 1919 **, at** 6 P. **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Rexburg Idaho

Filed 6/10 19 19 [signature]
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for e and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69401

City of Archer
No. 599-102-033-231 St.
Hospital

Registration District No. 116
Primary Registration District No. 0116

File No.
Registered No.

FULL NAME OF CHILD STANLEY BLACKBURN ERICKSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 2nd 1919

FATHER		MOTHER	
FULL NAME	Herman Erickson	FULL MAIDEN NAME	Gladys E Blackburn
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	~~White~~ [illegible]
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th
Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive ON J ne 2nd 1919, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

19

Filed 6/4 1919

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

SEP 22

Certificate No. 69401

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Stanley Blackburn Erickson (Erickson) (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Erickson	Stanley Blackburn Erickson

Subscribed and sworn to before me this 25
day of [illegible], 1941.
[illegible] Stanwell
Notary Public, residing at Rexburg Ida.
My commission expires Oct 5-1942
[SEAL]

Signed Geraldine B. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
311 N. 4 East Rexburg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of Sept, 1941.
[illegible]
Notary Public, residing at Rexburg Ida
My commission expires Sept 5-1942
[SEAL]

Signed Gladys E. Erickson
(Signature of any credible person other than the previous affiant.)
Thornton, Ida Rt 1
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

766-101-033-815

PLACE OF BIRTH

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69402

County of Madison

City of Rexburg

Registration District No. 116

File No.

No. ..... St.

Primary Registration District No. [illegible]

Registered No.

Hospital

FULL NAME OF CHILD Harold Lewis Poole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 1st 1919

FATHER		MOTHER	
FULL NAME	Harry L. Poole	FULL MAIDEN NAME	Anna Hansen
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Menan Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Auto Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On June 1st, 1919 (Born alive or stillborn), at 7-45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)**

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Registrar

Filed 4 19 19 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of.....

D.S. Church Record of Membership, signed by M.P. Wheeler, 10th Ward Clerk, gives full name as Harold Lewis Poole, born June 1, 1919 at Rexburg, Idaho to Harry L. Poole and Ann Hansen, baptized and Confirmed Aug. 18, 1929 - viewed by V.S. and Honorable Discharge from the United States Navy, April 21, 1950 gives full name as Harold Lewis Poole, born June 1, 1919 at Rexburg, Idaho, date of entry into active service, July 21, 1944 - viewed by V.S. The United States Nation Service Life Insurance Policy, effective date of policy, 7-25-1952 policy # V 1803-04-97 gives full name as Harold Lewis Poole - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 69402
County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Poole (Name on Original Certificate) who born (Was Born or Died) on June 1, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harold Lewis Poole

Subscribed and sworn to before me this 29 day of August, 1960

Notary Public, residing at Idaho Falls Idaho
My commission expires 12-1-61
(Seal)

Signed Harry L. Poole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
446 4th St Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1960

Notary Public, residing at Idaho Falls Idaho
My commission expires 12-1-60
(Seal)

Signed Betty Brumhall
(Signature of Any Credible Person)
465 4th St Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60.155 CL 8-12-60. one copy pd. receipt #05627.

NOV 29 1960

553-228-033-154

PLACE OF BIRTH name added 5/15/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 69403

Registered No. .....

FULL NAME OF CHILD Norma Karen Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 28th 1919

FATHER		MOTHER	
FULL NAME	John L Nelson	FULL MAIDEN NAME	Clara Anderson
RESIDENCE	Thornton Idaho	RESIDENCE	Thornton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Union Idaho	BIRTHPLACE	Redmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On May 28th., 1919 at 5-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)**

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho.

Registrar

Filed 6/4 1919 J. R. Gossner C.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
APR 15 8 43 AM '80

State of _____ } ss.
County of _____ }

Certificate No. 69403
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nelson (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 28, 1919 (Date of Event)

in Thornton Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Norma Karen Nelson
birthplace	Thornton	Rexburg, Idaho

Subscribed and sworn to before me this 14 day of April, 1980

Notary Public, [signature]

Residing at [illegible]

My commission expires Oct 80

(Seal)

Norma Karen Nelson Sanders
Signature of Applicant

P.O. Box 299 Marble Falls, Tex. 78654
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1980

Notary Public, [signature]

Residing at Rexburg, Id

My commission expires Life

(Seal)

Grace C. Thomason
Supporting Signature

Rt #1, Rexburg, Id 83440
Street Address, City, State

1/18/80 nm

Baptismal record gives nameas Norma Karen Nelson born to John L. Nelson and Clara Anderson born May 29, 1919 a Baptized Aug 6, 1927. viweed by V. S.

School ~~xxx~~ transcript from Madison High school, for 1933-1934 gives name as Nelson, Norma ~~xxxxxx~~ Karen. viewed by V. S.

DEC 10 1980

759-216-053-632

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69404

County of Madison

City of Archer

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 16 1919

FATHER

FULL NAME: Marselo Peralta

RESIDENCE: archer

COLOR: Mexican

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Mexico

OCCUPATION: Laboror

MOTHER

FULL MAIDEN NAME: Rosa Albera

RESIDENCE: archer

COLOR: Mexican

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Mexico

OCCUPATION: Laboror

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs

Midwife

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed 6/3 19 19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 281-229
[redacted] 029-859
[redacted]E OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital Tuomy

Registration District No. 62

Primary Registration District No. 2142

File No. 69405

Registered No. 15

FULL NAME OF CHILD Dorthy Platt Shawe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	—	—	Yes	April 29 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Leon Shawe	FULL MAIDEN NAME	Louise May Herman
RESIDENCE	17 N. La Salle St. Chicago, Ills	RESIDENCE	17 N. La Salle St. Chicago, Ill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Demoins, Iowa	BIRTHPLACE	Uniontown, Wash.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Tuomy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 5-14 1919 W. H. Ehrem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-3-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

09406

PLACE OF BIRTH

County of Latah

City of Genesee Registration District No. 62 File No.

No. St. Primary Registration District No. 2142 Registered No. 16

Hospital

FULL NAME OF CHILD Elbert James Hollingsworth

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eli Hollingsworth	FULL MAIDEN NAME	Alice Gayley
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tierney

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed May 16 1919 W. K. Ehrem

Registrar Registrar

JUL 18 1973

863-224-022-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69408

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Beulah Mae Holcomb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 24" 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Newton Holcomb	FULL MAIDEN NAME	Erna Steinmann
RESIDENCE	St. Anthony Ida	RESIDENCE	St. Anthony Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hendley Nebr.	BIRTHPLACE	Hanover Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony Idaho

..... Registrar

Filed May 10 1919

W. J. Owen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 15 1965

299-213-[illegible]22-319

PL[illegible]TH

Form V. S. [illegible] 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of New Dale

Registration District No. 99

File No. 69410

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Harriet Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jed Bird	FULL MAIDEN NAME	Annie Larson
RESIDENCE	New Dale	RESIDENCE	New Dale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Lerst

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed May 10 1919

W B Lerst
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 19

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Newdale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Newdale (Mother is dead)
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Harriet Bird

5. Date of Birth of Child (Month, day, year) 4-13-19

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jedediah G. Bird
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Hendon, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Maria Larson
17. Color or Race white **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr. West (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah B Hauck Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) ..... Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-213-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 69411

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Carey~~ CAREY Jack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Apr 13 1919

FATHER		MOTHER	
FULL NAME	Clide Jack	FULL MAIDEN NAME	Bertha Broadhurst
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blurst

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed May 10 1919

A Blurst

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 69411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Cary Jack (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 4-13-19 (DATE OF EVENT)
in St. Anthony, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 4-13-19 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Cary	~~Carrie Jackx~~
		Carey

Subscribed and sworn to before me this 27th
day of January, 1943

Signed Martha Jacks
(SIGNATURE OF PARENT, ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mother

Notary Public, residing at St. Anthony, Ida.

My commission expires 10-11-44
(SEAL)

St. Anthony, Idaho, #2
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

815-202-022-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69412

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD Sarah Marie Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Apr 7 1919

FATHER		MOTHER	
FULL NAME	Wm M Hansen	FULL MAIDEN NAME	Clara May Dunkerson
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd ... Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed May 10 1919

W B Clark Registrar

639-223-022-632

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69413

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Flint

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 23rd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Martin Flint	FULL MAIDEN NAME	May Tilda ~~Olson~~ Peterson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Denmark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rt. Anthony Idaho

..... Registrar

Filed June 10 19.....

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-223-022-299

PLACE OF BIRTH

Amended 1/10/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-8-17

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 69414

Registered No. .....

FULL NAME OF CHILD Marjorie E. Welch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	May 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Daniel Welch	FULL MAIDEN NAME	Ethel Birdy
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wilford	BIRTHPLACE	Wilford
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alone (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Registrar

Filed June 10 1919 W. B. Crist

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 69414

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Welch (Girl Child) (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1919 (Date of Event)
in Wilford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible records (Bible Record, Insurance Policy, Etc.) prepared on 3rd day of May, 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Ethel Welch

Subscribed and sworn to before me this 3rd day of May, 1962.

Notary Public, residing at St. Anthony, Idaho.
My commission expires February 2, 1966
(Seal)

Signed X Ethel Birch Welch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parker, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1962

Notary Public, residing at St. Anthony, Idaho
My commission expires Feb 2, 1965
(Seal)

Signed Eliza Welch Birch
(Signature of Any Credible Person)

Route 1 St. Anthony, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-13-62. one copy pd. rec. #8005.

JAN 1 1 1979

School Census for September 1926 gives name as Marjorie Welch daughter of Jesse D. Welch. age 7 yrs. from Fremont County school. signed by LamOnte Bauer by Bess C. Jenkins. viewed by V. S.

Marriage license and Certifi from Idaho gives name as Marjorie E. Welch as the bride and the groom ~~wa w~~ as Wayne E. Mace. dated Jly 29, 1937. viewed by V. S.

394-108-022-3

name added, day of birth amend
3-22-84 dl

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 69415

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Zola May Cruser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Cruser	FULL MAIDEN NAME	Olga Cox
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10,400 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wrest

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed June 10 1919 W B Wrest Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-12-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 4 11 PM '84

State of _____
County of _____ } ss.

Certificate No. 69415
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cruser (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 12, 1919 (Date of Event)

in Fremont County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Zola May Cruser
date of birth	May 12, 1919	May 8, 1919

Subscribed and sworn to before me this 16th day of March, 1984

Notary Public, [signature]
Residing at [illegible]
My commission expires 5-20-88
(Seal)

x Zola Fowgun
Signature of Applicant

x _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1984

Notary Public, [signature]
Residing at [illegible]
My commission expires 5-20-88
(Seal)

Hilda L. Fowler
Supporting Signature

_____
Street Address, City, State

1cc pd

Certificate of Blessing from LDS Church gives Zola May Cruser daughter born May 8, 1919 at St. Anthony was blessed 7-6-19. Viewed by V.S.

Certificate of Baptism from LDS Church gives Zola May Cruser daughter born May 8, 1919 at St. Anthony was baptised July 3, 1927. Viewed by V.S.

415-223-022-956 DOB & Father's name amended 4-2-91 MCM

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 99

Primary Registration District No. 2177

File No. 69416

Registered No. .....

FULL NAME OF CHILD Rula Davidson

Sex of Child Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth APR 21, 1919 (Month) (Day) (Year)

FATHER

FULL NAME Nathaniel Davidson

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Brown

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blevins

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1919 W Blevins Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... RESERVED FOR BINDING

RECEIVED

3-25-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 01 1991

VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 69416
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Rula Davidson (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 23, 1919 (Date of Event)

in St Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	May 23, 1919	Apr 21, 1919 not enough doc to correct
~~Mother's maiden name~~	~~Ella Grover~~	~~Ella Spauling Grover~~
Father's name	Nathaniel Davidson	John David Nathaniel Davidson

Subscribed and sworn to before me this 29th day of March

X Notary Public _____

Residing at Circleville UT 84723

My commission expires 3-26-94

(Seal)

ELNA G. FOX
NOTARY PUBLIC - STATE of UTAH
380 SOUTH 100 EAST
CIRCLEVILLE, UT 84723
COMM. EXP. 3-26-94

X Rula Davidson Ipson
Signature of Applicant

X 90 W 100 N Junction, Utah 84740
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS blessing certificate shows Rula Davidson born Apr 21, 1919 in Parker to John Nathaniel Davidson and Ella Grover and blessed June 1919 by Henry A Grover. Viewed by VS.

APR 2 1991

LDS baptism certificate shows Rula Davidson born Apr 21, 1919 in Parker to John David Nathaniel Davidson and Ella Grover and baptized Apr 30, 1927 by Asland Davidson. Viewed by VS.

ID death certificate shows John David Nathaniel Davidson died Nov 11, 1979 in Idaho Falls, state file #79-5211. Viewed by VS.

ID death certificate shows Ella S Grover Davidson died Apr 12, 1964 in Ashton, state file #64-1671. Viewed by VS.

893-204
044-295

PLACE OF [redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69417

County of Washington

City of Cambridge

Registration District No. 88

File No.

No. St.

Primary Registration District No. 2164

Registered No.

Hospital

FULL NAME OF CHILD Ethel Bernice Hiltibiddle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 4 1919

FATHER		MOTHER	
FULL NAME	Herbert Hiltibiddle	FULL MAIDEN NAME	Tadie Breedlove
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Colorado	BIRTHPLACE	Oklahoma
OCCUPATION	Rancher Rail Roadmaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) R. W. McCuman M.

(Physician or midwife)

Address Cambridge Idaho

Filed July 1 1919 C. E. Schmitz

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

... of more than one child at birth, a SEPARATE RETURN must be made for each ... of each, in order of birth stated.

HTRNG

AUG 8 1955

792-205-844-315

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69418

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Fern~~ FERN Lucille Gibson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Gibson	FULL MAIDEN NAME	Verna Melvena Lavender
RESIDENCE	Cambridge - Idaho	RESIDENCE	Cambridge, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 M. on the date above stated.

(Signature) [signature] M.D.

(Physician or midwife)

Address Cambridge - Idaho

Filed June 19 19 C E Schmitz Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made ... of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 17 1942 Certificate No. 72914
County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Fern Lucille Gibson (Name on original certificate) who was born (Was born or died) on June 4, 1919 (Date of event)

in Salubra, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Pear Lucille Gibson	Lucille Fern Gibson

Subscribed and sworn to before me this 16th day of January, 1942

Margaret Smoke
Notary Public, residing at Emmett, Idaho
My commission expires Oct. 13, 1944
[SEAL]

Signed Lee Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell Ida. - R-4.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 1942

Margaret Smoke
Notary Public, residing at Emmett, Idaho
My commission expires Oct 13, 1944
[SEAL]

Signed Verna Gibson
(Signature of any credible person other than the previous affiant.)

Mother
Caldwell Idaho R-4
(Street Address, City, State)

Received for filing on JAN 17 1942 By
(Registrar's signature)

743-114-044-962

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69419

County of Washington

City of Indian Valley

Registration District No. _____ **File No.** _____

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD James Chadwell Gullett.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	June 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert D. Gullett.	FULL MAIDEN NAME	Ida Marguerite Robison
RESIDENCE	Indian Valley. Idaho	RESIDENCE	Indian Valley. Idaho
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kentucky.	BIRTHPLACE	Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Meeson M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

Address Fairmont Idaho

Filed June 19 19 C. E. Schmitz *Registrar*

S-Y-CO. 38071

... more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated.

235-119-044-367

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. _____ File No. 69420

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John Gayland Stephens

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 19 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gabriel Stephens	FULL MAIDEN NAME	Carrie Cop.
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Ida.
COLOR	W. AGE AT LAST BIRTHDAY 54 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Roseburg, Oregon	BIRTHPLACE	Weiser Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Cambridge Idaho

Filed JUNE 1919 [illegible] Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-119-044-256

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69421

County of Washington

City of Heath

No. ..... St.

Hospital .....

Registration District No. 88

File No. .....

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD Everett G. DeBord

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	19 May 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George De Bord	FULL MAIDEN NAME	Alice Scobes
RESIDENCE	Heath Idaho	RESIDENCE	Heath Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

(Signature) C E Schmitz

M D (Physician or midwife)

Address Cambridge Idaho

Filed June 1 1919 C E Schmitz Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 30 1 32 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 69421

County of Baker Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed DeBord (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1919 (Date of Event)

in Heath, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Everett G. DeBord

Subscribed and sworn to before me this 26th day of September, 1975

Anita C Johnson, County Clerk

Notary Public, residing at By Edith A Stewart

My commission expires Deputy

(Seal)

Signed Alice DeBord Dean

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3321 Broadway Baker Ore.

(Street Address, City, State) 97814

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Baker

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 1975

Anita C Johnson Co. Clerk

Notary Public, residing at By Edith A Stewart

My commission expires Deputy

(Seal)

Signed Marvin B. Dean

(Signature of Any Credible Person)

3321 Broadway Baker Ore.

(Street Address, City, State) 97814

FORM DH 60-155 9/12/75 nm

Honorable Discharge from the U.S. Army gives name as Everett G. DeBord born May 19, 1919 at Heath, Idaho. date of separation Aug 20, 1945. viewed by V. S.

Family Bible record from old Bible gives name as Everett George DeBord born May 19, 1919 at Heath, Idao. viewed by V.S.

OCT 3 1975

249-105-044-412

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69422

County of Washington

City of Cambridge Idaho

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon Wallace Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Nov. (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Ellsworth Smith	FULL MAIDEN NAME	Eliza Mason
RESIDENCE	Cambridge - Idaho	RESIDENCE	Cambridge - Idaho
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:00 A.M. on the date above stated.

(Signature) R. W. Wiseman MD

(Physician or midwife)

Address Cambridge - Idaho

Filed Apr. 1919 C. E. Schultz Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

MAY 18 1951

JUN 28 1955

268-115-
018-768

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

69425

County of [redacted]

City of Elk [redacted] Registration District No. 71 File No.

No. Home St. Primary Registration District No. 2168 Registered No.

Hospital Home

FULL NAME OF CHILD Carl John Soholt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		Yes	June 15 1917

FATHER		MOTHER	
FULL NAME	Ole Soholt	FULL MAIDEN NAME	Thea Soholt
RESIDENCE	Elk River, Ida	RESIDENCE	Elk River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 32 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Robt R Walton

(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/18 1919 Robt R Walton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAY 25 1912

DECEASED

365 - 118 - 018 - 943

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

69426

County of Clearwater

City of Elk River — Registration District No. 91 — File No.

No. ——, ——St. — Primary Registration District No. 2168 — Registered No. 91

Hospital Home

FULL NAME OF CHILD Norman Eugene Coon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		Yes	June 18, 1917

FATHER		MOTHER	
FULL NAME	Lewis Cascatte Coon	FULL MAIDEN NAME	Lena Belle Miller
RESIDENCE	Elk River, Idaho	RESIDENCE	Elk River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Robt R Walton

(Physician or Midwife)

Address Elk River, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/21 19 19 Robt R Walton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 338-228-010-366

BUR[redacted]HO ATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2143

File No. 69427

Registered No. 114

FULL NAME OF CHILD Arrilla Madge Clyne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred C Clyne	FULL MAIDEN NAME	Hannah Lofgren
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho Falls Ida	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Fmalive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar

Filed 6/19 1919 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

MAR 1 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 69427

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arrilla Madge Clyne (Name on Original Certificate) who born (Was Born or Died) on May 28, 1919 (Date of Event)
in Idaho Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Arrilla Madge Clyne

Subscribed and sworn to before me this 26th day of February, 1945

Myrtle McCausland
Notary Public, residing at Idaho Falls, Idaho

My commission expires June 26th 1947
(Seal)

Signed Hannah Vera Decker (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

320-13th St, Idaho Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1945

Myrtle McCausland
Notary Public, residing at Idaho Falls, Idaho

My commission expires June 26th 1947
(Seal)

Signed Nettie Comeford (Aunt)
(Signature of Any Credible Person)

475 N Capital Ave
(Street Address, City, State)
Idaho Falls Idaho

MAY 6 1963

749-107-010-15-4

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69428

County of Bonneville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

File No. _____

Primary Registration District No. 2110

Registered No. 117

FULL NAME OF CHILD gerald Evert Purcell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Jun 7 1919

FATHER		MOTHER	
FULL NAME	Evert Purcell	FULL MAIDEN NAME	Almira Anderson
RESIDENCE	Amondon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Ida

Filed 6/16 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132 - 209 - 010 813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 69429

Primary Registration District No. 210 Registered No. 116

FULL NAME OF CHILD Alta Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 9 1919

FATHER		MOTHER	
FULL NAME	Burt Atkinson	FULL MAIDEN NAME	Rhoana Hatch
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Farmer

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hatch

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/16 19 19 Registrar

5-Y-CO 36071

JAN 10 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 4 1968 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 69429

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Atkinson (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1919 (Date of Event)

in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Alta Atkinson

Subscribed and sworn to before me this 27 day of Feb, 1968

Notary Public, residing at Walla Walla Wn

My commission expires 10-11-69

(Seal)

Signed Dacosta Williams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 3 Box 54 Walla Walla Wn 99362

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL. 2-16-68. 1 copy pd.

Certificate of Baptism and Confirmation, L.D.S. Church Record, baptized Aug. 6, 1927, gives name as Alta Atkinson, daughter of H. Burt Atkinson and Rhoda Hatch, born June 9, 1919, at Ammon, Bonneville, Idaho = viewed by V.S.

MAR 7 1968

L.D.S. Church Certificate of Graduation from The Junior Seminary, dated May 6, 1934, of Fremont Stake, gives name as Alta Atkinson - viewed by V.S.

243-129-010-395

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

Registration District No. 73

File No. 69430

No. _____ St.

Primary Registration District No. 2150

Registered No. 115

Hospital _____

FULL NAME OF CHILD Maurice Arnold Butikofer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		Yes	May 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rudolph A. Butikofer	FULL MAIDEN NAME	Bertha Lucille Linck
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lewisville Idaho	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 12.15 M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Stoddard

(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rigby R 1 Box 68

Filed 6/14 1919 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 8 1975

cc 2/20/41 rmf

553-109-010-234

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. _____ St.

Hospital _____

Registration District No. 73 File No. 69431

Primary Registration District No. 2100 Registered No. 114

FULL NAME OF CHILD Oren Arthur Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Nelson	FULL MAIDEN NAME	Magdalena Stucki
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sandy Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Trimelin at 11.10 A.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Stoddard
Rigby Idaho RD #1
(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 6/14 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1944

DEC 13 1943

366 - 228 - 010 - 554

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69433

County of Bannewell

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. .....

Registered No. 112

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	May 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Hunter Cook	FULL MAIDEN NAME	Emely Flourance Newman
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(P[illegible] midwife)

Given names a[illegible] supplemental report.

Address Box 94 Ucon Idaho

..... 19 .....

Filed 6/9 1919 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-101-010-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 77 File No. 69434

No. ..... St. Primary Registration District No. 217 Registered No. 111

Hospital .....

FULL NAME OF CHILD JOHN BENJAMIN JOHANNESEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	June 1 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Oscar L. Johannesen	FULL MAIDEN NAME Hattie M. Bennett
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Norway	BIRTHPLACE Utah
OCCUPATION Lather	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) on June 1 1919, at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [illegible]

(Physician or midwife)

Address Idaho Falls Ida.

Filed 6/3 1919 [illegible] Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 69434

JAN 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for John Benjamin Johannesen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 1st, 1920 (DATE OF EVENT)
in Idaho Falls, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family records and other records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at the time and later (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	John Benjamin Johannesen

Subscribed and sworn to before me this 22nd day of January, 19 42

Signed Hattie M Johannesen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires March 11 - 1942
(SEAL)

1353 No. Ridge Ave. Idaho Falls,
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 19 42

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Idaho Falls, Idaho. Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

My commission expires May 9-1943
(SEAL)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

395-117-010-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

69435

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ..... St.

Primary Registration District No. 2150

Registered No. 110

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5/17/19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma Lindholm	FULL MAIDEN NAME	Agnes Smith
RESIDENCE	Iona Idaho	RESIDENCE	Iona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5/17/19 at 6:50 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed May 20 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-115-010-348

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69436

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2150

Registered No. 109

Hospital

FULL NAME OF CHILD John Richard Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Robert Ellis	FULL MAIDEN NAME	Estella Lighty
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn Summerset Co
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5/15/19 (Born alive or stillborn), at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Lodegaard M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Registrar

Filed 5/20 1919 Allen Cummard Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 29, 1940. L.A.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[illegible] OF [illegible]

[illegible] VITAL STATISTICS

[illegible]

(If born in hospital or institution give name.) Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Richard Ellis.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				May 18- 19 20 (19)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living 2nd

Born alive but now dead ..... Stillborn .....

	FATHER	MOTHER
FULL NAME	Charles Robert Ellis	FULL MAIDEN NAME Estella Lucile
Residence (Usual place of abode)	Idaho Falls	Residence (Usual place of abode) Idaho Falls
If non-resident, give place and State		If non-resident, give place and State
Color or race	White	Color or race White
Age at last Birthday	43 (Years)	Age at last Birthday 42 (Years)
Birthplace	Near Chattanooga Tenn. (City and State or County)	Birthplace Salisbury Pa. (City and State or County)
Occupation	Farmer.	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / **Stillborn** } **at** ..... **M. on the date above stated.**

(Signature) Mrs. Estella Ellis.

Mother.

(Physician or midwife)

Address .....

Filed ..... 19 .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

239-104-028-214

PLACE OF BIRTH

[redacted]

STATE OF IDA[redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S. No. 11-C—20m-3-15-12

69437

County of Kootenai

City of Belmark

District No. 30

File No.

No. St.

[redacted]istration District No. 2051

Registered No. 673

Hospital

FULL NAME OF CHILD DELICO PATRICK Streeter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Mar 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Streeter	FULL MAIDEN NAME	Emma Badraun
RESIDENCE	Belmark	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Maine
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

Reported no Vm (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Apr. 10 1919 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 69437

Date Filed APR 03, 1926

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delso Streeter (Name on Original Certificate) who was born (Was Born or Died) on March 4th 1919 (Date of Event)
in Belmont, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on Aug 30th 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Delso Streeter	Delico Patrick Streeter

Subscribed and sworn to before me this 31st day of March, 1926

Robt L. Duvall
Notary Public, residing at Kellogg, Idaho
My commission expires NOTARY PUBLIC, residing at Kellogg, Idaho My commission expires March 15, 1945
(Seal)

Signed Juliana Streeter Jokl Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Star Route, Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1926

Robt L. Duvall
Notary Public, residing at Kellogg, Idaho
My commission expires NOTARY PUBLIC, residing at Kellogg, Idaho My commission expires March 15, 1945
(Seal)

Signed X Rose Streeter Milat Sister
(Signature of Any Credible Person Other Than Previous Year)
1403 Wallace Ave.,
(Street Address, City, State)
Coeur d'Alene, Idaho

TIST

194-107-0[illegible]-[illegible]

Form V. S. No. 11—25m-1-1-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview

Registration District No. 30

File No. 69440

No. ..... St.

Primary Registration District No. 2051

Registered No. 675

Hospital .....

FULL NAME OF CHILD Dick William Armstrong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	March 7 1919

FATHER		MOTHER	
FULL NAME	Clyde Armstrong	FULL MAIDEN NAME	Katie Hirlinger
RESIDENCE	Bayview, Ida	RESIDENCE	Bayview, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~[illegible]~~ Mo.	BIRTHPLACE	Idaho
OCCUPATION	Cumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Kerry

Physician (Physician or midwife)

Address Rathdrum, Ida

Filed 4/10 1919 D. D. Duncan Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEWIS }

Certificate No. 69440

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Dick William Armstrong (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1919 (Date of Event)
in Bayview, Kootenai Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's statement (Bible Record, Insurance Policy, Etc.) prepared on March 7, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ulyde Armstrong	Dick William Armstrong

Subscribed and sworn to before me this 15
day of May 1942

Richard M. Mitchell
Notary Public, residing at Nezperce Idaho
My commission expires May 14, 1944
(Seal)

Signed Kate Hirlinger Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Deary Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LEWIS }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of May 1942

Richard M. Mitchell
Notary Public, residing at Nezperce Idaho
My commission expires May 14, 1944
(Seal)

Signed Mrs Flora Wilson
(Signature of Any Credible Person Other Than Previous Year)

Nezperce Idaho
(Street Address, City, State)

MAY 19 1942

MAY 29 19[illegible]

AUG 27 1948

SEP 10 1950

APR 16 1952

958-204-028-255

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69441

PLACE OF BIRTH

County of Kootenai

City of Hayden

No. ..... St.

Hospital .....

Registration District No. 30

File No. .....

Primary Registration District No. 2051

Registered No. 674

FULL NAME OF CHILD Eleza Reynolds

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth March 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Reynolds	FULL MAIDEN NAME	Eliza Benton
RESIDENCE	Hayden Lake, Ida	RESIDENCE	Hayden Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum Ida.

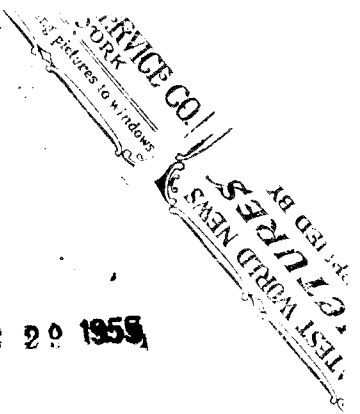
Filed Apr 10 1919 D. D. Greenman Registrar

6-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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494-111-028-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Amended 11/17/45

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 69442

Primary Registration District No. 3051 Registered No. 682

FULL NAME OF CHILD Clifford E. Middleton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 11, 19 x 19

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. E. Middleton	FULL MAIDEN NAME	Elizabeth H. Cunningham
RESIDENCE	P. O. Belmont	RESIDENCE	Belmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Colorado	BIRTHPLACE	Illinois
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan

(Physician or midwife)

Address Coeur d'Alene

Filed 6/10/19 192 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 69442

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Elizabeth Cranston	Bessie H. Cunningham

Subscribed and sworn to before me this 13th day of November, 1945

[signature] PROBATE JUDGE

~~Notary Public~~, residing at Bonners Ferry, Ida

My commission expires My Commission Expires 2nd Monday January 1947

(Seal)

Signed ✓ Bessie C. Middleton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Boundary }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of November, 1945

[signature] PROBATE JUDGE

~~Notary Public~~, residing at Bonners Ferry, Ida

My commission expires My Commission Expires 2nd Monday January 1947

(Seal)

Signed ✓ Daisy Kelly.

(Signature of Any Credible Person)

Bonners Ferry Idaho.

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-115-028-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69443

County of Kootenai

City of Coeur D'Alene

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 681

Hospital

FULL NAME OF CHILD Charles Allen ~~Matheson~~ MATHESON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 15 1919

FATHER		MOTHER	
FULL NAME	J. S. ~~Matheson~~ MATHESON	FULL MAIDEN NAME	Ina Bethelson
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur D'Alene
COLOR	Sr	COLOR	Sr
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Prince Ed. Island	BIRTHPLACE	MO
OCCUPATION	Sawmill Labr.	OCCUPATION	Hsw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Coeur D'Alene

Filed June 10 1919 D D Drennan Registrar

Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Snohomish }

Certificate No. 69443

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Allen Mathewson (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Mathewson	Matheson

Subscribed and sworn to before me this 22nd day of July, 1942

C. Melchert
Notary Public, residing at Everett
My commission expires March 22, 1944
(Seal)

Signed Ina Florence Matheson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1942

C. Melchert
Notary Public, residing at Everett
My commission expires March 22, 1944
(Seal)

Signed Opal Matheson Logan
(Signature of Any Credible Person Other Than Previous Year)

931 Wetmore Ave.
(Street Address, City, State)
Everett, Wash.

JUL 24 1942

236-130-028-527

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69444

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 30 File No. .....

Primary Registration District No. 2051 Registered No. 680

FULL NAME OF CHILD ~~Arthur~~ Arthur George Scarcello

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antonio Scarcello	FULL MAIDEN NAME	Josephina Esposito
RESIDENCE	Rathdrum, Ida. R.F.D.	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida.

Filed 6/10 1919 D. C. Drumman
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4/22/41 L. B.

For information regarding Birth Certificate, write to:

BUREAU OF VITAL STATISTICS
Department of Public Welfare
Division of Public Health
Boise, Idaho

No money enclosed

APR 15 1941

I request a Birth certificate for : 69444

Date Apr. 14, 194

Name of Child Arthur George Scarullo

Place of Birth Rathdrum, Idaho

Date of Birth May 30th, 1919

Name of Father ~~Antonio~~ Anthony J. Scarullo

Maiden name of Mother Josephine Esposito

Person making request Arthur Scarullo

Present P.O. Address Rathdrum, Idaho

City or Town Town

Amount enclosed $ .50

(OVER)

Is certified copy required in less than thirty days? Yes

If so, when two wks. Reason Urgent

Enclose postage if airmail service is required.

266-114-028-666

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **69445**

County of Kootenai

City of Rathdrum

Registration District No. 30 File No.

No. St.

Primary Registration District No. 2051 Registered No. 679

Hospital

FULL NAME OF CHILD Perry Anderson Bowers

Sex of Child male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Bowers	FULL MAIDEN NAME	Mary A. Woolsey
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida
COLOR	white AGE AT LAST BIRTHDAY 44 (Years)	COLOR	white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida.

Filed 6/10 1919 D D Drennan Registrar

S-Y CO. 24556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-103-028-34

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69446

County of Kootenai

City of Post Falls

No. _____ St.

Hospital _____

Registration District No. 30 File No. _____

Primary Registration District No. 2057 Registered No. 678

FULL NAME OF CHILD Victor Younce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	May 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Younce	FULL MAIDEN NAME	Mattie Lambert
RESIDENCE	Post Falls, Ida R.F.D.	RESIDENCE	Post Falls, Ida. R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Ida

Filed 6/10 1919 D D Drennan
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-207-033-133

PLACE OF BIRTH

Form V. S. [redacted]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69447

County of Madison

City of Sunnydell

No. ..... *St.*

Hospital .....

Registration District No. 100

Primary Registration District No. 2100

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 7th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyril Weeks	FULL MAIDEN NAME	Ivy Allen
RESIDENCE	Sunnydell Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Sunnydell Idaho	BIRTHPLACE	Richville Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On June 7th, 1919, at 2-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

..... Registrar

Filed 6/9 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-228-001-437

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

~~City of~~ Riverside Sta

No. ..... St.

Hospital .....

Registration District No. 8 File No. 6944 8

Primary Registration District No. 2004 Registered No. 35

FULL NAME OF CHILD ~~Margaret~~ Marguerite Evelyn Brashears

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	May 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Brashears.	FULL MAIDEN NAME	Thora McGrath
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 40 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

(Signature) H M Stolverson

M. D.
(Physician or midwife)

Address .....

Filed 6/12 1919 L Forman
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1942

JUN 23 1953

363-107-001-538

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 69449

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Wilfred John Bolty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry John Bolty	FULL MAIDEN NAME	Elizabeth Eckel
RESIDENCE	Meridian Ada R.D. 3	RESIDENCE	Meridian Ada R.D. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian Ada

..... Registrar

Filed June 12 1919 Alice U. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1959

155-110-001-367

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 11 File No. 69450

No. R. D. 1 St. Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Frank Albert Armfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave Harvey Armfield	FULL MAIDEN NAME	Bessie Delila Cox
RESIDENCE	Meridian, Ada. R.D. 1	RESIDENCE	Meridian, Ada. R.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Lewersville, Missouri	BIRTHPLACE	Boise, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian, Idaho

19

Filed June 14 1919 Alice A. Dutton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1961

312-204-001-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. Valley Road St.

Hospital

Registration District No. 8

File No. 69451

Primary Registration District No. 2004

Registered No. 36

FULL NAME OF CHILD Estella June Labrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.		Yes	6 4 1919

FATHER		MOTHER	
FULL NAME	Leslie G. Labrum	FULL MAIDEN NAME	Estella Bates
RESIDENCE	Valley Road,	RESIDENCE	~~Idaho~~ Valley Road
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettingy Ex

(Physician or midwife)

Given names added from a supplemental report.

19

Address Overland

Filed 6/7 1919 L. P. Pfeiffer

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1964

JUL 24 1964

367-201-001-443

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ N. of Morris Hill Cemetery

Hospital ——

Registration District No. 8

Primary Registration District No. 2004

File No. 69452

Registered No. 37

FULL NAME OF CHILD Della May Logan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 – 1 – 1919

FATHER		MOTHER	
FULL NAME	Guy H. Logan	FULL MAIDEN NAME	Della M. Null
RESIDENCE	R.D. #2, Boise	RESIDENCE	R.D. #2, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 35 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Boise, Idaho

Filed 6/9 1919 L. C. Sherman Registrar

S-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 10 1963

357-103-001-395

Form V. S. No. 11-G—[illegible]-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69453

County of Ada

City of

No. Strawberry Glenn

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 38

FULL NAME OF CHILD Jacob Wesley Leppert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob H. Leppert	FULL MAIDEN NAME	Nellie U. Lindsay
RESIDENCE	Strawberry Glenn	RESIDENCE	Strawberry Glenn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Bock

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Ida

Filed 6/17 1919 L. P. Gorman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-208-001-866

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of

No. School District St. No 42 -

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 69454

Registered No. 39

FULL NAME OF CHILD Hazel Lucile Henderlider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Miller Henderlider	FULL MAIDEN NAME	Florence Hooper
RESIDENCE	Five mile School district	RESIDENCE	Five mile School district
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 6/7 1919 L. G. Gorman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1970

252-110-001-238

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 8

Primary Registration District No. 2 ovy

File No. 69455

Registered No. 40

Full Name of Child Joseph William Best

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June (Month) 10 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph W. Best	FULL MAIDEN NAME	Eva Agnes Schweizer
RESIDENCE	So. Boise RD #5	RESIDENCE	So Boise RD #5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Haily Idaho
OCCUPATION	Motorman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 417 Overland Bldg. Boise Ida

Filed 6/19 1919 L P Roman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C.O. 5/2/2/2

691-111-001-847

PLACE OF BIRTH

County of Ada

City of R D #2 Boise

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8

Primary Registration District No. 2004

File No. 69456

Registered No. 41

Full Name of Child George Lewis Frazier

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	June (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Frazier	FULL MAIDEN NAME	Olive Hughes
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Star - Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Idaho

Filed 6/24 1919 L. C. Goman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1974

391-208-001-437

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Boise~~ Ada

City of ~~Ada~~ Boise

Registration District No. 8 File No. 69457

No. ~~Manatow Rossi~~ R2 St.

Primary Registration District No. 2004 Registered No. 42

Hospital

FULL NAME OF CHILD Ida Pearl Gwendolen Cramer

Sex of Child: F	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 6 (Month) 8 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Cramer	FULL MAIDEN NAME	Maud McGuire
RESIDENCE	Boise Route 2	RESIDENCE	Boise
COLOR	W, AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hw

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise Ida

Filed 6/27 1919 L. [illegible] Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1943

453-126-001-863

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD #5 St.

Hospital

Registration District No. 8

File No. 69458

Primary Registration District No. 2004

Registered No. 43

Full Name of Child Cecil Edward Mecham

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tay M Mecham	FULL MAIDEN NAME	Florence Holcomb
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 1215 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Idaho

Filed 6/28 1919 L. R. Foman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-108-001-442

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. Bench St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69459

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 44

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		✓	Yes	6 (Month) 8 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. A. Lyons.	FULL MAIDEN NAME	Elnore. Russell
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	Wh. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Mich
OCCUPATION	Bureau of Markets.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Smt Omey

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6/28 1919 L. A. Firman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Silver City, (near) Registration District No. 43 File No. 69460

No. ..... St.

Primary Registration District No. 2120 Registered No. .....

Hospital .....

FULL NAME OF CHILD Pedro Casamayor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	June (Month)

FATHER		MOTHER	
FULL NAME	Pedro Miguel Camanare	FULL MAIDEN NAME	Marie Mendoza
RESIDENCE	Owyhee County & Jordan	RESIDENCE	Owyhee Co. & Jordan Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bilboa, Spain	BIRTHPLACE	Durango, Spain
OCCUPATION	Sheep-herder & Camp Tender	OCCUPATION	Camp cook,

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (7½ lbs.) at 4.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M.D.

Physician
(Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 12 1919 W. H. Schuyler Registrar

8-Y CO. 20174

[redacted]

[redacted]

138-203
035-168

PLACE OF [redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck R.D.

Registration District No. 93

File No.

No. St.

Primary Registration District No. 2371

Registered No. 69461

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	no	1-3-1917

FATHER		MOTHER	
FULL NAME	Virgil Atherton	FULL MAIDEN NAME	Bessie May Johnson
RESIDENCE	Camas Wn	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE		BIRTHPLACE	Peck Ida
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 a.m. on the date above stated.

(Signature) J M Sy E MD

(Physician or midwife)

Address Peck Ida

Filed 1-3 1917

J M Sy E
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685 - 228 1035 - 236

PLACE OF [redacted]

County of Nez Perce

City of Peck R. R. 1

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 69462

No. ..... St.

Primary Registration District No. 2371 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Arlene Fyke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		6	Yes	1-28-1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry A Fyke	Ozella Bloodsworth
RESIDENCE	Peck R. Idaho	Peck Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Oreg.	Oreg.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) J. M. Fyke M.D.

(Physician or midwife)

Address Peck Idaho

Filed 1-29 1919 J. M. Fyke Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

APR 17 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-205-035-462

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-b

CERTIFICATE OF BIRTH

69463

Registration District No. 93 File No. _____

Primary Registration District No. 2371 Registered No. _____

FULL NAME OF CHILD Elma Jean Ball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	2-5-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert V. Ball	Ethel Fay Mowers
RESIDENCE	Peck	Peck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	50 3	27
BIRTHPLACE	Iowa	Kan.
OCCUPATION	Auctioneer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 P M. on the date above stated.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck, Ida.

Filed 2-5 19 J M Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

K

S-Y-CO. 38071

NOV 17 1949

386 - 117-031-236 [redacted]

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

Registration District No. 93 File No. 69464

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child M	Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate?	Date of Birth 2 (Month) -17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Howard Thomas	FULL MAIDEN NAME	Ethel Mary Cloodsworth
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

(Signature) J. M. Syle M.D.

(Physician or midwife)

Address Peck

Filed 2-17 19 J. M. Syle

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-111-035-689

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 69466

Primary Registration District No. 2371

Registered No. _____

FULL NAME OF CHILD WILLIAM ARTHUR GRAHAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	yes	Apr 11 1919

FATHER	MOTHER
FULL NAME Emmanuel A. Graham	FULL MAIDEN NAME Bertha E. Whitley
RESIDENCE Peck Ida	RESIDENCE Peck - Ida
COLOR W AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wash	BIRTHPLACE Ida
OCCUPATION Stationery Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 born alive (Born alive or stillborn) at 2-30 P M. on the date above stated.

(Signature) J. M. Lyle M. D.

(Physician or midwife)

Address Peck Ida

Filed 4-11-1919 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 69466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Graham (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1919 (Date of Event)
in Peck, Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on apr 21 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William Arthur Graham

Subscribed and sworn to before me this 16th
day of February, 1942.
Daniel E. Lyle
Notary Public, residing at Peck, Ida
My commission expires Dec 18, 1945.
(Seal)

Signed Bertha Graham
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Peck, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

719-213-031-713.

PLACE OF BIRTH

County of Lewis

City of Peck

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 69467

Primary Registration District No. 2371 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	yes	Apr 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Parker	Naomi R. Galloway
RESIDENCE	Peck Ida	Peck - Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Wash	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M. on the date above stated.

(Signature) J. M. Syle M.D.

(Physician or midwife)

Address Peck. Ida

Filed 4-13 1919 J. M. Syle Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-216-016-612

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital At home

STATE OF ID[redacted] Form V. S. No. 11—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 69469

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Miles Francis Hall	Mary Elizabeth Wake
RESIDENCE	Malta Ida	Malta Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	42
BIRTHPLACE	Cottonwood Utah	Willard Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:55 A.M. on the date above stated.

(Signature) C. I. Bates M.D.

(Physician or midwife)

Address Malta Ida

Filed June 30, 19 19 C. I. Bates

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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Registrar

S-Y-CO. 38071

693-104-016-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 69470

PLACE OF BIRTH

County of Cassia

City of Junipers

No. ..... St.

Hospital At Home

Registration District No. 119

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Rex Edward Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	~	~	Yes	June 4 1919

(To be answered only in event of plural births)

FATHER

FULL NAME Guy Edward Wilson

RESIDENCE Juniper Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Payson Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hannah E. Ransom

RESIDENCE Juniper Idaho

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Lewiston Ut.

OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Slater M.D.

(Physician or midwife)

Address Malta, Ida.

Filed June 30 19 19 C. L. Slater Registrar

S-Y CO. 24655

OCT 15 1943

533-109-016-469

Form V. S. No. 11—25m-9-8-15

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Bridge

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 69471

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Morgan Ellis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes	June 9 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Ellis	Ida May Morgan
RESIDENCE	Bridge Idaho.	Bridge Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	Logan Utah	Rigby Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) C. L. Dalen M.D.

(Physician or midwife)

Address Malta Idaho

Filed June 30 1919 C. L. Dalen

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

S-Y-CO. 36071

434-125-06-391

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Cassia

City of Rupblett

No. ____ St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 69472

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD HUGH ELBERT McDONALD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elody Allen McDonald	Cecil Crowford
RESIDENCE	Rupblett Idaho	Rupblett Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 23
BIRTHPLACE	Alexander Nebraska	Sullivan Indiana
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 12:10 P. M. on the date above stated.

(Signature) C. L. Dalen M.D.

(Physician or midwife)

Address Malta Idaho

Filed June 30 1919 C. L. Dalen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Columbia } ss.

Certificate No. 69472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Hugh Elbert McDonald (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1919 (Date of Event)
in Sublett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hugh Elbert McDonald

Subscribed and sworn to before me this 11th day of August, 19 42

J. B. Williams
Notary Public, residing at Justice of the Peace

My commission expires
(Seal)

Signed Flora Beal McDonald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vernonia, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Columbia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of August, 19 42

J. B. Williams
Notary Public, residing at Justice of the Peace

My commission expires
(Seal)

Mytle E. Cline
Signed
(Signature of Any Credible Person Other Than Previous Year)

Vernonia, Oregon
(Street Address, City, State)

AUG 15 1942

AUG 1 8 19[illegible]

236 - 226 - 016 - 391

PLACE OR BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital At home

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 69473

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 26 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. L. Stokes	Jessie L. Tranmer
RESIDENCE	Albion Idaho	Albion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Albion Idaho	Albion Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dalen M. D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 30 19 19 C. L. Dalen

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1973

451-202-006-813

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATI[illegible]
CERTIFICATE OF BIRTH

11-C-[illegible]

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116

File No. 69474

Primary Registration District No. 2195

Registered No. 397

FULL NAME OF CHILD Marie Meade

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 2 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Charles Everett Meade	FULL MAIDEN NAME Ida Marie Yates
RESIDENCE Sterling, Ida.	RESIDENCE Sterling, Ida.
COLOR White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Cmartinson, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Aberdeen, Ida.

Filed 4/2/19 19.... M Cmartinson

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

816-116-006-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Springfield

Amended 4-28-81

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C Rev. 6-8-17

59475

Registration District No. 116

File No. .....

Primary Registration District No. 2195

Registered No. 398

FULL NAME OF CHILD Samuel Goodwin Hawker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 16 1919

FATHER	MOTHER
FULL NAME Robert Samuel Hawker	FULL MAIDEN NAME Lois Edna Goodwin
RESIDENCE Springfield Ida	RESIDENCE Springfield Ida
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 12 15 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Merrill M.D. (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/16 1919 M. C. Merrill Registrar

3-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 9 8 40 AM '81

State of Idaho
County of Bannock } ss.

Certificate No. 69475
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hawker (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-16-19 (Date of Event)

in Springfield (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Samuel Goodwin Hawker

Subscribed and sworn to before me this 2 day of April, 1981.
Notary Public, LaVerne Hawker
Residing at Preston, Idaho 83201
My commission expires 4-8-85
(Seal)

Samuel Goodwin Hawker
Signature of Applicant
P.O. Box 742 Pocatello, Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of April, 1981.
Notary Public, LaVerne Hawker
Residing at Pocatello, Idaho
My commission expires 4-8-85
(Seal)

Lois Bradley
Supporting Signature
Rt. 3 Box 43 Blackfoot Idaho 83221
Street Address, City, State

1 cc pd

Certificate of Blessing gives name as Samuel Goodwin Hawker son of Robert Samuel Hawker and Lois Edna Goodwin, born June 16, 1919 at Springfield, Idaho and blessed Sept. 7, 1919, in L.D.S.Church .
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Samuel Goodwin, Hawker son of Robert S. Hawker and Lois Edna Goodwin born June 16, 1919 at Springfield, Idaho and Baptized August 7, 1927, in L.D.S.Church.
Viewed by V.S.

389-317-006-815

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69476

County of Bingham

City of Springfield

Registration District No. 116

File No.

No. ..... St.

Primary Registration District No. 2195

Registered No. 399

Hospital .....

FULL NAME OF CHILD GLADYS CHRISTIANSEN Christiansen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	June 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Signor Christiansen	FULL MAIDEN NAME	Augusta Hansen
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Aberdeen Ida

Filed 6/17 1919 McMackinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH } ss. Sum #1 Certificate No. 69476

County of SALT LAKE CITY } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gladys Christiansen (Birth or Death)

for Christinsen (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1919, (Date of Event)

in Springfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Christinsen	Christiansen
Name	Unnamed	Gladys
Mother's name	Hansen	Augusta F. Didricksen

Subscribed and sworn to before me this 25th day of June 19

Jean W. Smith

Notary Public, residing at Salt Lake City

My commission expires Jan-5-1945 (Seal)

Signed Augusta Didriksen Christiansen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 E. 2nd South, Salt Lake City, Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.

County of SALT LAKE CITY }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1942.

Jean W. Smith

Notary Public, residing at Salt Lake City

My commission expires Jan. 14-1945 (Seal)

Signed E. J. Kristiansen

(Signature of Any Credible Person Other Than Previous Year)

455 Hollywood Ave

(Street Address, City, State)

Salt Lake City Utah

JUN 26 1942

389-217-006-855

PLACE OF BIRTH

Form V. S. No. 11-0—Rev. 8-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield — Registration District No. 116 — File No. 6947

No. ..... St. — Primary Registration District No. 2185 — Registered No. 495

Hospital .....

FULL NAME OF CHILD Gudrun Christiansen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	June 17 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Signor Christiansen	FULL MAIDEN NAME	Augusta Hansen
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Mementine M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed 6/17 1917 — Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH
County of SALT LAKE CITY } ss.

Certificate No. 69477

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gudrun Christiansen (Birth or Death) for Gudrun Christinsen (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1919, (Date of Event) in Springfield, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Christinsen	Christiansen
Name	Unnamed	Gudrun
Mother's name	August Hansen	Augusta F. Didricksen

Subscribed and sworn to before me this 25th day of June, 1942.

Jean H. Smith
Notary Public, residing at Salt Lake City

My commission expires Jan-14-1945
(Seal)

Signed Augusta F. Didricksen Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 E. 2nd South, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of SALT LAKE CITY } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1942.

Jean H. Smith
Notary Public, residing at Salt Lake City

My commission expires Jan. 14-1945
(Seal)

Signed E. J. Kristiansen
(Signature of Any Credible Person Other Than Previous Year)

455 Holly Woodlawn
Salt Lake City Utah
(Street Address, City, State)

JUN 26 1942

JUL 3 1942

692-218-006-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. 116

Primary Registration District No. 2185

File No. 6978

Registered No. 401

FULL NAME OF CHILD Macel Geraldine Fisher

Sex of Child: Female

Twin, Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 18 1919 (Month) (Day) (Year)

FATHER

FULL NAME: Leo George Fisher

RESIDENCE: Aberdeen Ida

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: France

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lena Seery

RESIDENCE: Aberdeen Ida

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Montgomery MD (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/18 1919

M. C. Montgomery
Registrar

DEC 11 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-125-006-257

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 69479

Primary Registration District No. 2185 Registered No. 482

FULL NAME OF CHILD .....

Sex of Child Male | Twin, Triplet or other? — | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 25 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME Laurence Glen Partin	FULL MAIDEN NAME Hilda Pamish Kelso
RESIDENCE Aberdeen Idaho	RESIDENCE Aberdeen Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2-55 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markham MD

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6/25 19 [illegible]

Registrar

361-225-006-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69480

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. 403

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? 7 90 | Date of Birth June 25 9 (Month) (Day) (Year) 191..

FATHER		MOTHER	
FULL NAME	James Grover Coatney	FULL MAIDEN NAME	Evan Cloud
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	~~Hon~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Aberdeen Ida

Filed 6/25 1919 McMcKinnon

Registrar

666-129-006-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 116 File No. 69481

Primary Registration District No. 2195 Registered No. 404

FULL NAME OF CHILD William C. Foote

Sex of Child male ~~Fem~~ | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 29 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Grandison Foote	FULL MAIDEN NAME	Francis May Mooney
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Filed 6/29 1919 M. C. McKinnon
Registrar

Registrar

[illegible] 1952

435-206-020-253

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 [redacted]

CERTIFICATE OF BIRTH

Registration District No. 35

File No. 69482

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Mary Eilun McEvoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3	yes	June 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Edward McEvoy	Eilun Cecilia Kildare
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	America	America
OCCUPATION	Car Inspector O.S.L.R.R.	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... June 6 1919, at 6:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 8 1919

J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-106-020-995

PLACE OF BIRTH

amend 11-18-81

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

69483

Registration District No. 35

File No. .....

Primary Registration District No. 2041

Registered No. .....

FULL NAME OF CHILD Wesley Thomas Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	yes	June 6 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Thomas Willis Matthews	FULL MAIDEN NAME Gertrude Rinehart
RESIDENCE Glenn's Ferry Idaho	RESIDENCE Glenn's Ferry Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Conductor O.S.L. R.R. Co	OCCUPATION Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... June 6 1919, at 2:35 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1919

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 30 11 12 AM '81

State of _____
County of _____ } ss.

Certificate No. 69483
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Thomas Wesley Mathews (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 6, 1919 (Date of Event)

in Glenns Ferry, ID Elmore (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Thomas Wesley Mathews	Wesley Thomas Matthews
Father's last name	Mathews	Matthews

Subscribed and sworn to before me this 5th day of August, 1981

Notary Public, Judy A Laver
Residing at Las Vegas
My commission expires _____
(Seal)

Notary Public-State of Nevada
CLARK COUNTY
Judy A. Laver
My Commission Expires Jan. 17, 1982

Wesley Thomas Mathews
Signature of Applicant

1224 So. 4th Pl Las Vegas Nev 89104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA
County of CLARK } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Aug, 1981

Notary Public, Judy A Laver
Residing at Las Vegas
My commission expires _____
(Seal)

Notary Public-State of Nevada
CLARK COUNTY
Judy A. Laver
My Commission Expires Jan. 17, 1982

James O. Mathews
Supporting Signature

1260 Nancy St. Boston Calif
Street Address, City, State

6/18/81

cc exchange

Cert of Death gives Thomas Willis Matthews died 5-8-53 in Colton, San Bernardino County, California. Book 155 Page 65 Viewed by V.S.

Los Angeles Armed Forces Induction Station # 2 gives Wesley Thomas Matthews serial # 39596725 dated 8-7-44. Viewed by V.S.

State of Idaho Public School Diploma gives Wesley Thomas Matthews of District # 26J Elmore County graduated 5-12-33. Viewed by V.S.

546-209-020-366

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35 File No. 69484

Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Phyllis Lavonne Edwards

Sex of Child	Twin / Triplet / or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	June 9th 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy F. Edwards	Blanche Coffman
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	America	America
OCCUPATION	Plasterer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) June 9th 1919 at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 10 1919 J. W. Doris Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

814 - 219 - 020 - 289

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No. [redacted]

No. ..... St. — Primary Registration District No. 2021 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Katherine Yamaoka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	4	yes	June 19 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hany Yamaoka	Toki Shimizu
RESIDENCE	Glenn's Ferry	Glenn's Ferry.
COLOR	Yellow	yellow
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Japan	
OCCUPATION	Restaurant Keeper	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... June 19 1919 at 7 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 24 1919 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 copies
1st copy issued 1/14/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717-104-006-766

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69487

County of Bingham

City of Blackfoot

No. 630 South Front

Hospital No

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 143

FULL NAME OF CHILD Russel Arthur Paxton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 4th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ephrium Paxton	FULL MAIDEN NAME	Sarah Toodson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ten Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

..... Registrar

Filed July 1 1919 Mrs Nellie E Patrie Registrar

962-201-006-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. 121 File No. 69488

Primary Registration District No. 2194 Registered No. 144

FULL NAME OF CHILD Edgar Robertson

Sex of Child Female | Twin, Triplet or other? V | and Number in order of birth 5th (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 1 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Elsa Robertson	FULL MAIDEN NAME	Evelyn Mathers
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oregon	COLOR	White
OCCUPATION	Dry Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W D Summers M D
(Physician or midwife)

Address Blackfoot Idaho

Filed July 1 19 17 Mrs Julia E Petrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-205-006-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Maryland St.

Registration District No. 121

File No. 69489

Primary Registration District No. 2194

Registered No. 145

Hospital

FULL NAME OF CHILD Grace Peck

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Peck	FULL MAIDEN NAME	Sarah L. Richardson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

MD (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed July 1 1919 Mrs Hattie E. Patrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-106-006-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Registration District No. 121

File No. 69490

Primary Registration District No. 2194

Registered No. 146

FULL NAME OF CHILD Moroni Elmer Fuller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	1st	Yes	June 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Fuller	FULL MAIDEN NAME	Lenora Jensen
RESIDENCE	Wapello	RESIDENCE	Wapello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot - Idaho

Filed July 1 1919 Mrs Hattie E Tabor
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-208-006-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69491

County of Bingham

City of Blackfoot

No. Birth Idaho

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 147

Hospital

FULL NAME OF CHILD Velma Carmie Pierce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Pierce	FULL MAIDEN NAME	Bertha Baird
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed July 1 1919 Mrs Valerie Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255'110-006-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Between Rivers St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69492

Primary Registration District No. 2194 Registered No. 148

FULL NAME OF CHILD Edwin Watson Benson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		1st	Yes	June 10 — 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Watson Benson	FULL MAIDEN NAME	Mildred Jones
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... M.D.

Filed July 1 1919 Mrs Walter E Patrie

Registrar

Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-121-006-944

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69493

County of Bingham

City of Blackfoot

No. West of Moreland

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 149

Hospital

FULL NAME OF CHILD ~~Chris~~ TAFEL Feckner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		1	Yes	June 21 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christ Feckner	FULL MAIDEN NAME	Katy Rudolph
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed July 1 1919 Mrs Walter E Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

Certificate No. 69493
Date Filed APR 1

The undersigned does solemnly swear that certain facts on the certificate of ~~June 21 1919~~ (Birth or Death) birth
for [redacted] Feckner (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 21 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	[redacted] Feckner	Tafel Feckner
name of father	Christ Fekner	Christ Feckner

Subscribed and sworn to before me this 27th
day of March, 1942.
Frances Harrigan
Notary Public, residing at 2833-27th St.
My commission expires January 19, 1945.
(Seal)

Signed Katherine Feckner (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ch. 7, Box 4712 Sacramento
(Street Address, City, State) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

753-228-006-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Wapello St.

Hospital

Registration District No. 121

File No. 69494

Primary Registration District No. 2194

Registered No. 150

FULL NAME OF CHILD Rena Treas Peterson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	Second	Yes	Jun 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lavarre Peterson	FULL MAIDEN NAME	Rena Martindale
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed July 1 1919 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

535-101-006-249

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Cripple Creek St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69495

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 151

FULL NAME OF CHILD Unnamed Neil

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 1 1914

FATHER		MOTHER	
FULL NAME	Evan Neil	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Blackfoot Idaho	RESIDENCE	do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. E. Petrie

Phys.
(Physician or midwife)

Address Blackfoot Ida

Filed July 1 1914 Mrs Nellie E. Petrie
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

815-128-006-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 276 E Pacific St.

Registration District No. 121

File No. 69496

Primary Registration District No. 1007

Registered No. 15-2

Hospital

FULL NAME OF CHILD Jackman Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No	June 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Silamon Hansen	Gladys Amelia Jackman
RESIDENCE	Portello Ida	Dy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Surveyor	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick M. D.

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 1 1919 Mrs Nellie B Coltrin
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

138-201-006-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 69497

No. ..... St.

Primary Registration District No. 1007

Registered No. 153

Hospital ..... Harriett Jocelyn

FULL NAME OF CHILD Unnamed Athay

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ezra M. Athay	FULL MAIDEN NAME	Virginia Balison
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Registrar

Filed July 1 1919 Wm Walter E Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1953

163-106-006-557

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69498

Primary Registration District No. 2194 Registered No. 154

FULL NAME OF CHILD Lester T. Jolley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Jolley	FULL MAIDEN NAME	Elva England
RESIDENCE	Apex Montana	RESIDENCE	Apex Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

..... Registrar

Filed July 1 1919 Mrs Nalie E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-208-006-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Registration District No. 121

File No. 69499

Primary Registration District No. 2194

Registered No. 155

Hospital

FULL NAME OF CHILD Vera Viola Parker

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Add E. Parker	FULL MAIDEN NAME	Opal Whitehead
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed July 1 1919 Mrs Walter E. Patrick

Registrar

APR 30 1943

659-209-006-982

PLACE OF BIRTH

Amended 5/10/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

69500

County of Bingham

City of Blackfoot

No. RD # 4 St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 156

FULL NAME OF CHILD Lillian Joy Ferrel

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil Ferrel	FULL MAIDEN NAME	Anna Rys
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed July 1 1919 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 13 9 11 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 69500
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ferrel (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 9, 1919 (Date of Event)

in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Lillian Joy Ferrel

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

1201 6th Ave So Payette, Id 83661
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1979

Notary Public, Marie Swinden
Residing at Payette, Idaho
My commission expires October 1980
(Seal)

Cecil Ferrel
Supporting Signature

1201 6th Ave So Payette Ida
Street Address, City, State

CL 3/27/79

Voter's Registration card gives name as Lillian Surprenant (married)Ponderosa Precinct. born in Idaho. dated April 15,1958. viewed by V. S.

Marriage License from Idaho gives names as Peter Joseph Surprenant and Lillian Mary Joy Ferrel.married June 17, 1950. in Payette, Idaho. viewed by V. S.

449-216-806-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 7/25/18

County of Bingham

City of Blackfoot

No. R.D.#1 St.

Registration District No. 121 File No. 69501

Primary Registration District No. 2194 Registered No. 107

Hospital

FULL NAME OF CHILD Frances Elaine Murdock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 16 1919

FATHER		MOTHER	
FULL NAME	Leo D. Murdock	FULL MAIDEN NAME	Francis Rosetta Dance
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Ida

Filed July 1 1919 Mrs Nellie E. Davis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss.

JUL 20 8 17 AM '78

Certificate No. 69501

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Murdock (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1919 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CHURCH RECORDS (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frances Elaine Murdock
Birth Date	June 19, 1919	June 16, 1919

Subscribed and sworn to before me this 21 ST day of
JULY, 1978.
Arnold J Dance
Notary Public, residing at BLACKFOOT
My commission expires LIFE
(Seal)

Signed Frances Murdock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 ST day of
JULY, 1978.
Arnold J Dance
Notary Public, residing at BLACKFOOT
My commission expires LIFE
(Seal)

Signed Earl G Powell
(Signature of Any Credible Person)

6121 Cedar St Murray Utah 84107
(Street Address, City, State)

FORM DH 60-155

CL 6/21/78 RUSH

Certif of Baptism and Confirmation from the LDS Church gives name as Francis Elain Murdock daughter of Leo D. Murdock and Frances Dance. born June 16, 1919 at Thomas,Idaho. Baptized July 3, 1927. viewed by VS

JUL 25 1978

Certif of Blessing from the LDS Church gives name as Francis Elaine Murdock daughter of Leo D. Murdock and Frances Dance. born June 16, 1919 at ~~Thomas~~ Thomas, Idaho. Blessed Aug 3, 1919. viwed by VS

493-120-006-243

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 69502

No. ..... St.

Primary Registration District No. 2194

Registered No. 158

Hospital ..... Merthan Lorenzo

FULL NAME OF CHILD Unnamed Miles

Sex of Child Male

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 20 1919
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo L. Miles	FULL MAIDEN NAME	Pearl Genevia Buttcane
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Registrar

Filed July 1 1919 Mrs Walter E. Tobias
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1962

493-223-006-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69503

County of Bingham

City of Blackfoot

Registration District No. 121

File No.

No. RD#4 St.

Primary Registration District No. 2194

Registered No. 159

Hospital

FULL NAME OF CHILD ~~Anna Marie~~ Mittleider

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christ Mittleider	FULL MAIDEN NAME	Marie Wolff
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Ida

Registrar

Filed July 1 1919 Mrs Helen E Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1947

843-201-006-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Russell St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121

Primary Registration District No. 2194

File No. 69504

Registered No. 160

FULL NAME OF CHILD Lucile Hutchinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 1 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. W. Hutchinson	FULL MAIDEN NAME	Anna Thompson
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitworth M. D.

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report.

Filed July 2-1919 Mrs Walter E. Patrick Registrar

Address

.....19.....

OCT 4 1965

253-102-006-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 191 Ash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69505

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 161

CINCLAIR

FULL NAME OF CHILD James ~~[illegible]~~ Ketchum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M. Ketchum	FULL MAIDEN NAME	Maggie Beckley
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Texas	BIRTHPLACE	Mich
OCCUPATION	Clerk	OCCUPATION	Homewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M. D.

Blackfoot, Ida.
(Physician or midwife)

Given names added from a supplemental report.

File d July 2 1919 Mrs Nalie E. Patrick
Registrar

Address

.....19.....

814-105-006-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

69506

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 162

FULL NAME OF CHILD Norman Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. F. Hammond	FULL MAIDEN NAME	Martha Barnes
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

Blackfoot, Ida.

(Physician or midwife)

Given names added from a supplemental report.

Filed July 2-1919 Mrs Nalie E. Dabine Registrar

19

Address

Filed

592-206-006-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69507

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 163

FULL NAME OF CHILD Teruko Nishida

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. Nishida	FULL MAIDEN NAME	Hama Takazaki
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	Jap.	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Blackfoot, Ida.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mrs Nalia E. Patrick Registrar

Filed July 2 1919

1 cc 5/22/41 L. B. First

553-222-006-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 87 So. Mount St.

Hospital

Form V. S. No. 11-G—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69508

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 164

FULL NAME OF CHILD TEDDY BERNICE ~~Unnamed~~ Enlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 22 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME E. W. Enlow	FULL MAIDEN NAME Ray Waite
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR white — AGE AT LAST BIRTHDAY 32 (Years)	COLOR white — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION Confectioner	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3. 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
Blackfoot. Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mrs Nellie E. Patrick Registrar

July 2-1919

Filed 19

OCT 2 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 69508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Enlow (Name on Original Certificate) who was born (Was Born or Died) on June 22- 1919 (Date of Event)
in Blackfoot Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Teddy Bernice Enlow

Subscribed and sworn to before me this 10th
day of November, 1942
Jessie Beck Clerk of District Court
~~Notary Public~~, residing at Blackfoot Idaho
My commission expires Jan 11- 1943
(Seal)

Signed Edwin W Enlow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Blackfoot Idaho (Father)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of November 1942
Leona Chapman
Notary Public residing at Blackfoot
My commission expires April 6- 1946
(Seal)

Signed H W Hatch M D
(Signature of Any Credible Person Other Than Previous Year)
BLACKFOOT IDAHO
(Street Address, City, State)

693-126-006-445

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Hospital

Registration District No. 121 File No. 69510

Primary Registration District No. 1007 Registered No. 166

FULL NAME OF CHILD James Edgar Wilson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry L. Wilson	FULL MAIDEN NAME	Helen Munning
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed July 2 1919 Mrs Nathan E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-115-006-913

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69511

Primary Registration District No. 1007 Registered No. 167

FULL NAME OF CHILD William Radue Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 15th 1917

FATHER		MOTHER	
FULL NAME	William A Clark	FULL MAIDEN NAME	Lydia B. Radue
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Minn.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Humphrey M.D. (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 2 1917 Mrs. Dale E. Oates Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 5 1966

JUL 12 1957

FEB 25 1943

613-119-006-955

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69512

Primary Registration District No. 2194 Registered No. 168

FULL NAME OF CHILD Miles Jackrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 17th 1919

FATHER		MOTHER	
FULL NAME	Theron Jackrell	FULL MAIDEN NAME	Rebecca Reese
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. D. Hampton M.D.

..... (Physician or midwife)

Address Blackfoot Idaho

Filed July 2 19 19 Mrs. Nellie E. Gabriel Registrar

453-119-006-745

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Tabor

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 69513

Primary Registration District No. 2194

Registered No. 169

FULL NAME OF CHILD Orville G. Delzer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	May 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Delzer	FULL MAIDEN NAME	Alma E. Guenther
RESIDENCE	West of Tabor	RESIDENCE	W of Tabor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	So Dak
OCCUPATION	farmer	OCCUPATION	Homeripe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alm (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Black Foot - Ida

Filed July 2 1919 Mrs Walter E. Patrick

Registrar

269-219-006-65-2

PLACE OF BIRTH

County of Bingham

City of Bkfr

No. RFD 2 St.

Hospital

Amended 4/25/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69514

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 170

FULL NAME OF CHILD Artie Elila Borrowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	\	X	Yes	June 19 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David W. Borrowman	Mildred J Webster
RESIDENCE	Bkfr RFD 2	Bkfr RFD 2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Domestic

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Adams

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 2 19 19 Mrs Hallie E. Patrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 25 2 10 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 69514

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barrowman (female) (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1919 (Date of Event)
in Balckfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Artie Elila Barrowman

Subscribed and sworn to before me this 15th day of February, 1977

Notary Public, residing at Blackfoot, Idaho

My commission expires 6-8-1980

(Seal)

Signed Artie Elila Kendlebury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mildred W. Barrowman
(Signature of Any Credible Person)

17 Lincoln St. Blackfoot Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/18/77 nm

Certif of Baptism and Confirmation from the LDS Church gives name as Artie Elila Borrowman daughter of William Borrowman and Mildred Webster. Born ~~July~~ June 19, 1919 at Thomas, Idaho Baptized Aug 2, 1931. viewed b y VS

Certif of Blessing from the LDS Church gives name as Artie Elila Borrowman duahgter of Wm. ~~Wm~~ Borrowman and Mildred Webster. Born June~~1919~~ 19, 1919 at Thomas, Idaho. Blessed Aug 3, 1919. viewed by V. S.

APR

256-224-006-75-5

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 121

File No. 69515

Primary Registration District No. 2194

Registered No. 171

FULL NAME OF CHILD Theo June Knox

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	June 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J Knox	FULL MAIDEN NAME	Edna Gentry
RESIDENCE	Firth	RESIDENCE	Firth Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	So Dak
OCCUPATION	Barber	OCCUPATION	Arcube

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed July 2 1919 Mrs Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

681-127-006-916

PLACE OF BIRTH

County of Bingham

City of Bellfour

No. 20 Broadway St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69516

Primary Registration District No. 1007 Registered No. 172

FULL NAME OF CHILD Unnamed Chambers

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/		X	Yes	June 27 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Chambers	FULL MAIDEN NAME Amelia Rawson
RESIDENCE	Bellfour Co Broadway	RESIDENCE Bellfr Co Broadway
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 39
BIRTHPLACE	Nebraska	BIRTHPLACE Utah
OCCUPATION	Engine Watchman O.S.L	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:20 P. M. on the date above stated.

(Signature) J. B. Davis M. D.

(Physician or midwife)

Address Blackfoot, Idaho.

Filed July 2 1917 Mrs. Nellie E. Patrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

THIS IS A PERMANENT RECORD

WRITE PLAIN

314-130-006-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Bellfort

No. R-D 4 St.

Hospital Glen Cable

FULL NAME OF CHILD ~~[illegible]~~ Campbell

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 69517

Primary Registration District No. 2194

Registered No. 173

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Apr 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy J. Campbell	FULL MAIDEN NAME	Nettie Cable
RESIDENCE	Bellfort R F 4	RESIDENCE	Bellfort R F 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alin (Born alive or stillborn) at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed July 2 1919 Mrs Nettie E. Patrick

Registrar

219-202-006-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blkft

No. RFD 3 St.

Name added 7-3-81

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 69518

Primary Registration District No. 2194 Registered No. 174

FULL NAME OF CHILD VIOLA Barnard

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)		X	Yes	May 2 1917

FATHER		MOTHER	
FULL NAME	William Barnard	FULL MAIDEN NAME	Margaret Harbaugh
RESIDENCE	Blkft RFD 3	RESIDENCE	Blkft RFD 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed July 2 1917 Mrs Helen E Patrick

Registrar

RECEIVED
MAY 28 1981
Bureau of Vital Statistics

5-5-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

Rec'd 5-28-81

State of _____ } ss.
County of _____

Certificate No. 69518
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Barnard (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-2-19 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Viola Barnard

Subscribed and sworn to before me this 21 day of May, 19 81.

Notary Public, Lynn Lamoreaux
Residing at Snohomish Co
My commission expires 4/15/81
(Seal)

Viola L. Hamilton
Signature of Applicant

7654 N.E. 145th St. Bothell Wash 98011
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Washington } ss.
County of King

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of May, 19 ___.

Notary Public, Lynn Lamoreaux
Residing at Snohomish Co.
My commission expires 4/15/85
(Seal)

Kathryn V. Johnson
Supporting Signature

13706 - 70th Ave NE Kirkland Wash 98033
Street Address, City, State

Own child's birth certificate on file with State of Idaho Bureau of Vital Statistics gives name as Michael Don Wooton (Son) Mother is listed as Viola Barnard. Child born February 10, 1949.
Viewed by V.S.

Changes in Civilian Personnel Headquarters ARmy Air Forces gives name as Viola Barnard Wooton. Action taken March 19, 1943. Birthdate May 2, 1919.
Viewed by V.S.

259-202-035-467

PLACE OF BIRTH

County of Naz. Perce

City of Lewiston.

No. 727-10th Street St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-9-8-17

CERTIFICATE OF BIRTH

69519

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 238

FULL NAME OF CHILD RAGNHILD ANDREA SEIERSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	3 2nd 191.9

	FATHER	MOTHER
FULL NAME	Sigvard S. Sierson.	Rachel K. Motland
FULL MAIDEN NAME		Rachael Motland.
RESIDENCE	Lewiston, Idaho	Lewiston, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Norway	Norway
OCCUPATION	Hardware Man	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar S. White M.D.
By R. C. Farley Sec
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Lewiston Idaho

Filed Apr. 10 1919 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 69519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Ragnhild Andrea Seierson who was Born on March 2, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ranghild Sierson	Ragnhild Andrea Seierson
name of father	S. Sierson	Sigvard Seierson
name of mother	Racheal Mothland	Rachel K. Motland
birthdate	March 19, 1919	March 2, 1919

Subscribed and sworn to before me this 18th day of Feby, 1942

Notary Public, residing at Seattle

My commission expires April 11-1945
(Seal)

Signed Mrs Sigvard Seierson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bothell Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Feby, 1942

Notary Public, residing at Seattle

My commission expires April 11-1945
(Seal)

Signed Mrs Esther Bartman
(Signature of Any Credible Person Other Than Previous Year)

5011 6th N.E.
(Street Address, City, State)

Seattle Wn

619-124-035-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69520

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White's

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 239

FULL NAME OF CHILD [redacted] CHARLES DWIGHT WARNOCK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	x (To be answered only in event of plural births)		x	Yes	3 24 1919

FATHER

FULL NAME: Charles [redacted] WARNOCK

RESIDENCE: Whitebird, Idaho

COLOR:

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Oregon.

OCCUPATION: Stockman

MOTHER

FULL MAIDEN NAME: Wilna Faulchner

RESIDENCE: Whitebird, Idaho

COLOR:

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Oklahoma.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar J. White M.D
By R. E. Pauley Sec
(Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Apr. 10 1919 Susan E. Bruce
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lemhi } ss.

Certificate No. 69520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dwight Warnach (Name on Original Certificate) who born (Was Born or Died) on March 24th 1919 (Date of Event)
in Lewsiton, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Warnach	Warnock
Name	Dwight	Charles Dwight

Subscribed and sworn to before me this 3rd
day of December, 19 43.

Notary Public, residing at Salmon

My commission expires 9-5-44
(Seal)

Signed Charles Welbaum Warnock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Forney, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lemhi } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of December, 19 43.

Notary Public, residing at Salmon

My commission expires 9-5-44
(Seal)

Signed Russell F Martin
(Signature of Any Credible Person Other Than Previous Year)

Forney Ida.
(Street Address, City, State)

DEC 6 1943

DEC 7 1942

866-222-035-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 95

File No. 69521

No. ..... St.

Primary Registration District No. 1009

Registered No. 240

Hospital St. Josephs

FULL NAME OF CHILD Howley

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 - 22 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Howley	FULL MAIDEN NAME	Lily Wolverton
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Ap. 10 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-127-035-443

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital St Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

69522

Registration District No. 96 File No. _____

Primary Registration District No. 1009 Registered No. 241

Full Name of Child Carl Herman Clift

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Mar (Month) 27 (Day) 19 19 (Year)	

FATHER

FULL NAME: Chas H Clift

RESIDENCE: Asotin Wash

COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mable Dutro

RESIDENCE: Asotin Wash

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: North Dakota

OCCUPATION: House wife

Number of child of this mother, including present birth: One Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M on the date above stated.

(Signature) O C Carnahan

(Physician or midwife)

Address Lewiston, Idaho

Filed Apr 10 1919

Fraser E Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

624-129-035-315

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1805 - Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 69523

Primary Registration District No. 1009 Registered No. 2422

FULL NAME OF CHILD Paul Orvil Asmundson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 - 29 - 1919

FATHER	MOTHER
FULL NAME: Carl Chas Asmundson	FULL MAIDEN NAME: Ruby Cann
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Idaho.
OCCUPATION: Laborer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul [illegible]

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed [illegible] 1919 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

Certificate No. 69523
Date Filed Aug 13 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Paul Orval Rasmusson (Name on original certificate) who was born (Was born or died) on March 29 1919 (Date of event)
in Lewiston Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be added to record	none given	Paul Orval Rasmusson

Subscribed and sworn to before me this 15th day of August, 1941.

[signature] Notary Public, residing at Genesee Idaho

My commission expires July 15 1945

[SEAL]

Signed Mrs Carl Rasmusson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Genesee Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Latah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Aug, 1941.

[signature] Notary Public, residing at Genesee Idaho

My commission expires July 15 1945

[SEAL]

Signed Maggie C. Battjer
(Signature of any credible person other than the previous affiant)

Genesee Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-130-035-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69524

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 243

FULL NAME OF CHILD Otto Laufen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 — 30 — 1919

FATHER		MOTHER	
FULL NAME	Otto Laufen	FULL MAIDEN NAME	Carrie Greis
RESIDENCE	Uniontown, Wash	RESIDENCE	Uniontown, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed Apr. 10 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

419-109-014-0892

No. ..... St.

Registration District No. 3

File No. 69525

Primary Registration District No. 2005

Registered No. 61

Hospital .....

FULL NAME OF CHILD Ladean Benjamin Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bennie Martin	FULL MAIDEN NAME	Blanch Hibbs
RESIDENCE	Greenleaf, Idaho	RESIDENCE	Greenleaf, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Leon, Iowa	BIRTHPLACE	Delta, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D. (Physician or midwife) (IEW)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 4-10-1919 John S. Meyer Registrar

..... Registrar

MAR 26 1962

356-167-014-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69526

County of Canyon

City of Nampa

No. R.F.D. 1 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 60

FULL NAME OF CHILD Wayne Lewis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	2	Yes	4-7-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Morgan Lewis	FULL MAIDEN NAME	Ellen Agnes Sattle ~~Lewis~~
RESIDENCE	Nampa Id R.F.D. 1	RESIDENCE	Nampa Id R.F.D. 1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Manhattan Kans	BIRTHPLACE	Denver Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee

Caldwell
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho

19

Registrar

Filed 4-9-1919 John P. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-103-014-213

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Sunnyslope St.

Hospital

Registration District No. 3 File No. 69527

Primary Registration District No. 2005 Registered No. 58

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 3 1919

FATHER		MOTHER	
FULL NAME	Clarence Miller	FULL MAIDEN NAME	Delight Bacon
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Moran, Kansas	BIRTHPLACE	Moran, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 4-5-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-131-014-766

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69528

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 57

FULL NAME OF CHILD Paul Lindsay Newport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Newport	FULL MAIDEN NAME	Nora Lillian Powell
RESIDENCE	Notus, Idaho	RESIDENCE	Notus, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kaley, M.D. (Physician or midwife) (SEW)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 4-5-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314 - 231 - 014 - 735

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69529

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 56

Hospital .....

FULL NAME OF CHILD ETHEL MAE LAMKIN

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 21 1912

FATHER		MOTHER	
FULL NAME	Charles Lamkin	FULL MAIDEN NAME	Dellie Glenn
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Clarence, Missouri	BIRTHPLACE	Caldwell, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James A. Youngman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 4-5-1912 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

567-229-014-249

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69530

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. .....

Registered No. 55

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 29 1919

FATHER		MOTHER	
FULL NAME	George L. Vogt	FULL MAIDEN NAME	Alva Grace Smith
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Raley, M. D.
(Physician or midwife) (DEW)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 4-5- 1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-127-014-842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rur. 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 3 File No. 6953

Primary Registration District No. 2005 Registered No. 54

FULL NAME OF CHILD Lyman Beecher Hanley Jr.

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth: Mar. 27 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Lyman B. Hanley

RESIDENCE: Caldwell Idaho

COLOR: White AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Elizabeth Huston

RESIDENCE: Caldwell Idaho

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Iowa

OCCUPATION: H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.45 A. M. on the date above stated.

(Signature) John L. Meyer M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 3-27-1919

John L. Meyer
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

JAN 1 6 1945

243-127-014-918

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. Parma, Route #1 St.

Registration District No. 3

File No. 69532

Primary Registration District No. 2005

Registered No. 53

Hospital

FULL NAME OF CHILD Clayton Elvin Suter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Mar. (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Alva Guy Suter	FULL MAIDEN NAME	Lucy Isabelle Rayburn
RESIDENCE	Parma - R.F.D. #1	RESIDENCE	Parma - R.F.D. #1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. M. Kaley per M.H.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed 3-29- 1919 John H. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

783-224-014-962

PLACE OF BIRTH

Form V. S. No. 13-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69533

County of Canyon

City of Caldwell

No. R 4 D 4 St.

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 51

Hospital

FULL NAME OF CHILD ROSS MARIE Gillen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 24 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clemmie Gillen	Alice E Rosenbaum
RESIDENCE	Caldwell Ida	Caldwell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Dade Co Mo	Smith Co Va
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Tue M D

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-28- 1919 John S. Meyer M.D. Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 69533
County of Canyon } Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for Rose Gillen (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Mar 24 1919 (DATE OF EVENT)
in Caldwell, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rose Gillen	Rose Marie Gillen

Subscribed and sworn to before me this 27th
day of January 1942

Notary Public, residing at Nampa Idaho
My commission expires Dec 31-1944
(SEAL)

Signed L C Gillen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 By
(REGISTRAR'S SIGNATURE)

FEB 2 1942

695-223-014-316

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH name added 6/21/83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 3 St.

Hospital

Registration District No. 3

File No. 69534

Primary Registration District No. 2005

Registered No. 50

FULL NAME OF CHILD Louise Finley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James W. Finley	FULL MAIDEN NAME	Eloise M. Caw
RESIDENCE	R3, Caldwell, Idaho	RESIDENCE	R3, Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young, M.D. (Physician or midwife) (SEAL)

Given names added from a supplemental report.

Address Caldwell, Idaho

19

Registrar

Filed 4-5 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/21/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 69534
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Finley (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar. 23, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Louise Finley

Subscribed and sworn to before me this 21 day of June, 1983.
Notary Public, Teresa L Clemens
Residing at Boise Idaho
My commission expires April 3, 1985
(Seal)

Louise Pugh
Signature of Applicant
3944 Mtn View Dr. Boise Ida 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JUN 21 1983

School census record for 1928 in Canyon county, Idaho. gives name as Louise Finley. age 9yrs. old born March 23, 1919. father's name as J. W. Finley. viewed by V. S.

Marriage record from Canyon County gives name as Mary Louise Finley and the groom's name as Ray William Gross. dated Aug. 17, 1937. viewed by V. S.

447-118-014-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69535

County of Canyon

City of Caldwell

No. Rur. 4 St.

Hospital

Registration District No. 3

Primary Registration District No. 2003

File No.

Registered No. 49

FULL NAME OF CHILD David Wilson Duggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 18 1919

FATHER		MOTHER	
FULL NAME	Wilson Lorraine Duggan	FULL MAIDEN NAME	Frances Elizabeth Owens
RESIDENCE	Route 4, Caldwell, Idaho	RESIDENCE	Route 4, Caldwell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Boy Scout Executive	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) .....

C. M. Kelly M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 3-21- 1919

John S. Meyer
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-118-037-26

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 3

File No. 69536

No. ..... St.

Primary Registration District No. 2005

Registered No. 47

Hospital .....

FULL NAME OF CHILD Archie Richard White

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	S.		6	Yes	Mch 18 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dennis White	FULL MAIDEN NAME	Bertie F. Sooter
RESIDENCE	Homedale Id	RESIDENCE	Homedale Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Stone Co Mo	BIRTHPLACE	Webster Co Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Id

Filed 3-20- 1919 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 16

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oklahoma, } ss.
County of Tulsa, }

Certificate No. 69536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Archie Richard White (Name on original certificate) who was born (Was born or died) on March 18th., 1919, (Date of event)
in Homedale, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record, (Bible record, insurance policy, etc.) prepared on March 18th., 1919, (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	no name given	Archie Richard White

Subscribed and sworn to before me this 12th.,
day of June, A.D. 1943.

Notary Public, residing at Tulsa, Okla.,
My commission expires May 11th., 1943.
[SEAL]

Signed Bertie Florence White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) mother

1514 W 18 Tulsa Okla.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oklahoma, } ss.
County of Tulsa, }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th.,
day of June, A.D. 1943.

Notary Public, residing at Tulsa, Okla.,
My commission expires May 11th., 1943.
[SEAL]

Signed Dennis White
(Signature of any credible person other than the previous affiant)

1324 W 18 Tulsa Okla
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-17-41

239-118-037-269

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

69537

County of Oyhe

City of

No. , Ranch St.

Hospital

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 46

FULL NAME OF CHILD Joseph Klimes

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		yes	5 (Month) 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Jos Klimes	FULL MAIDEN NAME	Agnes Kozojid.
RESIDENCE	Clatonia	RESIDENCE	Clatonia
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Bohemia
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Hoggle

Physician

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Caldwell Ill

Filed 4-5 1919 John V. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

113-214-037-693

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

69538

County of Oyhe

City of Ranch

No. ....., ... *St.*

Hospital .....

Registration District No. 3 **File No.** .....

Primary Registration District No. 2005 **Registered No.** 45

FULL NAME OF CHILD Juanita Fray Jackson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm		ya	8 14 1919

FATHER		MOTHER	
FULL NAME	F. A. Jackson	FULL MAIDEN NAME	Ora Wilson
RESIDENCE	Clatonia	RESIDENCE	Clatonia
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Calif	BIRTHPLACE	Wn.
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 ..... Number of children, of this mother, now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hoggle
Phy
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Ida

Filed 4-5- 1919 John S. Meyer
Registrar

Registrar

.ARGIN RESERVED FOR BINDING
.LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

299-114-014-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Route 4 St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69539

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 44

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 14 1919

FATHER		MOTHER	
FULL NAME	Arthur L. Birch	FULL MAIDEN NAME	Edith Lawrence
RESIDENCE	Route 4 Caldwell Idaho	RESIDENCE	Route 4 Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Smith Center, Kansas	BIRTHPLACE	Mohawka Co., Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Young M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed 3-21-1919

John L. Meyer
Registrar

492-210-014-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69540

County of Canyon

City of Caldwell

No. Route 4 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005 · Registered No. 43

File No.

FULL NAME OF CHILD Ella Elizabeth Dibber

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 10 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Fredrick Dibber	Coral Virginia Starbuck
RESIDENCE	Route 4, Caldwell Idaho	Route 4, Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Nevada	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. M. Kaley M. D.
(Physician or midwife)

Address Caldwell Idaho

Filed 3-21-1919 John L. Reeves Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69540

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Dibber (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1919 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ella Elizabeth Dibber

Subscribed and sworn to before me this 17th day of April, 1963

A. Kinsey

Notary Public, residing at Caldwell, Idaho

My commission expires 5-5-63

(Seal)

Signed Ella A. Hutton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4808 Gage Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1963

A. Kinsey

Notary Public, residing at Caldwell

My commission expires 5-5-63

(Seal)

Signed Lucile Cook

(Signature of Any Credible Person)

1224 Savannah St

(Street Address, City, State)

Caldwell Idaho

FORM DH 60-155 CL 3-21-63. nm

Marriage License and Certificate dated August 9, 1941
gives name as Ella Elizabeth Dibber. viewed by V.S.

MAY 30 1973

Insurance Policy, Prudential Ins. Co. issued May 26, 1941
gives name as Ella Elizabeth Dibber. viewed by V.S.

APR 15 19[illegible]

669-108-014-366

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69541

County of Canyon

City of Caldwell

No. Route 3 St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 41

FULL NAME OF CHILD Elver Eugene Foreman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 8 1919

FATHER		MOTHER	
FULL NAME	Victor Foreman	FULL MAIDEN NAME	Stella Cook
RESIDENCE	Owyhee, Idaho	RESIDENCE	Owyhee, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	East Oaks, Texas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) James A. Mooney, M.D.

(Physician or midwife)

Address Caldwell, Idaho

Filed 3-21-1919 John L. Meyers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1944

851-205-014-432

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 69544

Primary Registration District No. 1005 Registered No. 59

FULL NAME OF CHILD Eloise Mary Heath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 5 1919

FATHER		MOTHER	
FULL NAME	Austin Wood Heath	FULL MAIDEN NAME	Helen McKittrick
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kalen M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 4-8-1919 John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 27 1943

Named Pomeroy
9/27/43

465-208-014-813

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69545

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. .....

Registered No. 42

FULL NAME OF CHILD Martha May Monteith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 8 1919

FATHER		MOTHER	
FULL NAME	Ralph E. Monteith	FULL MAIDEN NAME	Anna May Hatfield
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C. M. Kaley, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 3-21-1919

John S. Meyer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95S-213-014-785

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

BUREA[redacted]AHO STATISTICS

CERTIFICATE OF BIRTH

69554

County of Canyon

City of Vicinity of Parma

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 1

Hospital

FULL NAME OF CHILD Fred Thomas Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	Jan. 13 19 9

FATHER	MOTHER
FULL NAME: Henry Clay Reed	FULL MAIDEN NAME: Streptie Edith Green
RESIDENCE: Parma, Idaho	RESIDENCE: Parma, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.00 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette, Idaho

Filed Jan. 15 1919

J. C. Woodward Registrar

S-Y-CO 38071 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
OF VITAL

395 - 216 - 038 - 231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE O[redacted]

BUREAU OF VIT[redacted] STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 — File No. 69555

Primary Registration District No. 1008 — Registered No. 2

FULL NAME OF CHILD JEANNETTA HARRIETT CREGER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Jan 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F J Creger	Gertrude B Taylor
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9:10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. R. Woodward, M.D.

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 18 1919 J.O. Woodward Registrar

S-T-CO 38071

AUG 15 1944

866-223-038-466

PLACE OF BIRTH Amended June 20, 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1012-1st Ave. So. St. Registration District No. 4 File No. 69556

Hospital Primary Registration District No. 1008 Registered No. 3

FULL NAME OF CHILD Frances Dena Howe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 23, 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Rheubin Alexander Howe	FULL MAIDEN NAME	Annabelle Moore
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. C. Woodward

Physician
(Physician or midwife)

Address Payette, Idaho

Filed Jan. 25 1919 J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69556

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Reuben Alexander Howe (Name on Originaf Certificate) who born (Was Born or Died) on Jan. 23, 1919 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Reuben Alexander Howe	Frances Dena Howe
Sex of Child	Male	Female
.....	X	Rheuben alexander Howe

Subscribed and sworn to before me this 23rd day of January, 1960

Dorothy Louise Sherman

Notary Public, residing at 491 Pearson Rd

My commission expires October 9th 1963

(Seal) Dorothy Louise Sherman

Signed Anna Belle Howe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6191 Lucky John, Paradise, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Butte }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1960

Notary Public, residing at 491 Pearson Rd

My commission expires October 9th 1963

(Seal) Dorothy Louise Sherman

Signed Rheuben alexander Howe
(Signature of Any Credible Person)

6191 Lucky John, Paradise Calif.
(Street Address, City, State)

FORM DPH 55.155

CL 9-23-58. one copy pd.

WWB

Notarized Photostat Copy of page from Family Bible, gives one child's full name as Frances Dena Howe, born Jan. 23, 1919 - record appears old and unaltered - viewed by V.S.

DELL'S NURSERY AND MARINE SUPPLY
Phone: TR 7-5393
480 Pearson Road Paradise, California

EVINRUDE MOTORS FIRST IN OUTBOARDS

June 17, '61

I, Frances Deena Howe (Mallan) was born January 23rd, 1919 in Payette, Idaho to Rueben Alexander and Anabelle Howe - with Dr. J.C. Woodward physician attending. My birth certificate is being held up for proof of sex - as I was erroneously listed as male - takeing on my fathers name of Rueben Alexander Howe. The spelling of my middle name is also in question as I have since High School used the spelling D -EE- na instead of Dena as listed in the family Bible.

The following people wish to declare under Oath that they have known me since birth and know positively that I am the daughter of Anabelle and Rueben A. Howe and am known as Frances Deena Howe (Mallan) as I claim to be. They are in relation to me - Mrs. Emma Moore born April 10th 1871 - my Grandmother and Mother of Anabelle Moore Howe--- Mrs. Lois Moore Terrill - born Dec. 10th 1899 and sister of my mother Mrs. Howe ----and Mrs. Mary Gay Moore Russell , born Sept 28th 1904 and also sister of my Mother Mrs. Howe.

As you also have my signature and my Mothers signature on file - we will also sign this affidavate and will expect this to be more than enough proof to warrant your issueing my birth certificate. Please give this your immediate attention.

Mrs. Frances Mallan Mrs. Frances Mallan
Mrs. Anabelle Howe Mrs. Anabelle Howe
Mrs. Emma Moore Mrs. Emma E. Moore
Mrs. Lois Terrill Mrs. Lois Terrill
Mrs. Mary Gay Russell Mrs. Mary Gay Russell

LITHO IN U.S.A.

215-125-038-813

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69559

County of Payette

City of Payette

Registration District No. 4

File No.

No. ____ St.

Primary Registration District No. 1608

Registered No. 4

Hospital

FULL NAME OF CHILD Jack Ralph Banks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 23 1917

FATHER		MOTHER	
FULL NAME	Claude Banks	FULL MAIDEN NAME	Ethel Hatley
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Mich.
OCCUPATION	Railroad	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. m. on the date above stated.

(Signature) J. R. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed Jan 30 1919 J. C. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

719-129-038-534.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69558

Primary Registration District No. 1908 Registered No. 5

FULL NAME OF CHILD J. Byron Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Jan 29 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos A Gardner	Vesta Eldridge
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Colo.	Kan
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Woodward M D

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Filed Jan 30 19 19 J C Woodward Registrar

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1944

APR 10 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-S-S-217-038-23 9

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69559

Registration District No. 4 File No. .....

Primary Registration District No. 1008 Registered No. 6

FULL NAME OF CHILD Virginia Kenkel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Feb 17 1919

FATHER		MOTHER	
FULL NAME	Louis F Kenkel	FULL MAIDEN NAME	Elsie Stroney
RESIDENCE	New Plymouth Ida	RESIDENCE	With Husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Construction Engineer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Kans.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated.

(Born alive or stillborn)

(Signature) J. R. Woodward M D

(Physician or midwife)

Address Payette Ida

Filed Feb 20 1919 J. R. Woodward Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

469-215-038-986

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1012-1rst.Ave.So

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 69560

Registered No. 7

FULL NAME OF CHILD Blanche Elizabeth Morrell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Feb. 15 1919

FATHER	MOTHER
FULL NAME: Emmert Morrell	FULL MAIDEN NAME: Marian Ida Rhoads
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: South Dakota
OCCUPATION: Crane Engineer	OCCUPATION: Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 P. M. on the date above stated.

(Signature) J.C. Woodward

Physician (Physician or midwife)

Address Payette, Idaho

Filed Feb. 17 1919

J.C. Woodward
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

photo copy of Certificate of Baptism, First Congregational Church, Pocatello, Idaho baptized April 20, 1924 gives full name as Blanche Elizabeth Morrell, daughter of C.E. Morrell and Marion Morrell, born at Payette, Idaho on February 15, 1919 — viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Notification of Own Child's Birth Cert. State of Pennsylvania, No. 69612-45, child born May 22, 1945 at Philadelphia, Pennsylvania, gives full maiden name of mother as Blanche Elizabeth Morrell — viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 69560

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Morrell (Name on Original Certificate) who was born (Was Born or Died) on Feb. 15, 1919 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Blanche Elizabeth Morrell

Subscribed and sworn to before me this 27th day of December, 1961

Notary Public, residing at Clerk of the Dist.
My commission expires Court-Bannock County, Idaho
(Seal) (Street Address, City, State)

Signed Marion P. Loads Morrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 12-19-61. nm

JAN 1962

759-122-038-659

PLACE OF BIRTH name added 10-17-85 dl

County of Payette

City of Payette

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69561

Primary Registration District No. 1008 Registered No. 8

FULL NAME OF CHILD Donald Edwin Perkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Perkins	Ella L Merritt
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Kans	Kans
OCCUPATION	Conductor	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-43 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L R Woodward M D

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

....19....

Registrar

Filed Feb 24 19 19 J C Woodward

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-24-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of [illegible] } ss.
County of [illegible] }

Certificate No. 69561
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Perkins (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 22, 1919 (Date of Event)

in Payette(Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald Edwin Perkins

Subscribed and sworn to before me this [illegible] day of [illegible], 19__.

Notary Public, [illegible]
Residing at [illegible]
My commission expires [illegible]
(Seal)

OFFICIAL SEAL
JOSEPH W. PATTERSON
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY
My Commission Expires July 17 1988

[illegible]
Signature of Applicant

[illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } (Must be completed __)
County of _____ } (Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Honorable Discharge from U.S. Coast Guard lists Donald Edwin Perkins was discharged on Nov 1, 1945. Viewed by V.S.

Life Ins. Policy from Metropolitan Life Ins Co. lists insured as Donald E Perkins . Date of Issue Aug 1, 1973. Viewed by V.S.

OCT 1 ...

343 - 124
038 - 144

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of PAYETTE

City of PAYETTE

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. 69562

Registered No. 9

FULL NAME OF CHILD # MELVIN JUDD. Culler

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	SINGLE (To be answered only in event of plural births)	FIRST	YES	2nd. 24th 1919

FATHER

FULL NAME: IRA M. CULLER

RESIDENCE: PAYETTE IDAHO

COLOR: WHITE

AGE AT LAST BIRTHDAY: 50 YRS. (Years)

BIRTHPLACE: OHIO.

OCCUPATION: FARMER

MOTHER

FULL MAIDEN NAME: HELEN MABLE JUDD.

RESIDENCE: PAYETTE IDAHO.

COLOR: WHITE

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: ILL.

OCCUPATION: HOUSE WIFE

Number of child of this mother, including present birth: ONE

Number of children of this mother now living, including present birth: ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Mar. 10 19 19. [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1944

265-126-038-395

PLACE OF BIRTH

County of Payette Ida

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69563

Primary Registration District No. 1008 Registered No. 10

FULL NAME OF CHILD Jeffrey Everett Sweany

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 26 1919

FATHER		MOTHER	
FULL NAME	Chleo E Sweany	FULL MAIDEN NAME	Ida May Linder
RESIDENCE	West Linn, Oreg	RESIDENCE	West Linn, Oreg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 02 A. M. on the date above stated.

(Signature) J R Woodward, M D

(Physician or midwife)

Address Payette, Ida.

Filed Feb 28 1919 J O Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

799-202-038-364

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 — File No. 69564

Primary Registration District No. 1008 — Registered No. 11

FULL NAME OF CHILD Velma Louise Prien

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes.	Mar 2 191 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur A Prien	Golden Courbright
RESIDENCE	" France "	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Soldier	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Edward Ward, M. D.

(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Mar 3 1919 J. C. Woodward

Registrar

..... Registrar

8-Y-CO 38071

MAY 9 1956

129-208-038-129

PLACE OF BIRTH
First - middle name added 6-22-81

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69565

County of Payette

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4

File No. _____

Primary Registration District No. 1008

Registered No. 12

FULL NAME OF CHILD Iola Cordelia Abrams

Sex of Child: Fem	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? No	Date of Birth: Mar 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Pickelsimer	FULL MAIDEN NAME	Ailene Abrams
RESIDENCE	France (?)	RESIDENCE	Payette Idaho -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	? (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	?	BIRTHPLACE	Kansas -
OCCUPATION	Soldier	OCCUPATION	Waitress

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Payette Ida -

Filed Mar 10 1919. J. C. Woodward Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
'81 DEC 21 PM

State of _____ } ss.
County of _____ }

Certificate No. 69565
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Abrams (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 8, 1919 (Date of Event)

in Payette (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Iola Cordelia

Subscribed and sworn to before me this 22nd day of June, 1981.

Notary Public, Florence Custright

Residing at Boise

My commission expires Lifetime

(Seal)

Iola Cordelia Tibbitts
Signature of Applicant

Fruitland, Idaho Box 108
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

IN office 6-22-81

Marriage certificate on file with Bureau of Vital Statistics gives name as Iola Cordelia Riblett (Prev. married name) Married to John French on November 28, 1963, state file # 63-11142
Viewed by V.S.

JUN 24 1981

Own child's birth certificate on file with Idaho Bureau of Vital Statistics gives name as Iola Cordelia White (Step=Father's name) mother of Doyle Riblett. Child born October 7, 1947, in Boise, Idaho, state file # 443742.
Viewed by V.S.

515-209-038-264

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69566

Registration District No. 4 File No. _____

Primary Registration District No. 1008 Registered No. 13

FULL NAME OF CHILD Barbara Caroline Vanvaulkenberg.

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
F	Single	First	yes	3rd (Month) 9th (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph H. Vanvaulkenberg	FULL MAIDEN NAME	Mary M. Sodja.
RESIDENCE	Payette Ida.	RESIDENCE	Payette Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Orchard Lake Michigan	BIRTHPLACE	Butte, Montana.
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Mesmaed MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Payette Ida.

Filed Mar. 10 1919 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813 - 213 - 038 - 618

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 — File No. 69567

Primary Registration District No. 1008 — Registered No. 14

FULL NAME OF CHILD ~~Evelyn Marie~~ Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Mar 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard A Hall	Edith Wayne
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Idaho	Colo
OCCUPATION	Soldier	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 15 1919 J. C. Woodward Registrar

S-Y-CO 38071

APR 1 0 1970

231-130-038-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of PAYETTE

City of PAYETTE

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. 69568

Registered No. 15

FULL NAME OF CHILD CHARLES LEWIS BLAIR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		YES	43 (Month) 30 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	CHARLES SHERMAN BLAIR	FULL MAIDEN NAME	NORMA BELL WALDEN
RESIDENCE	PAYETTE IDAHO	RESIDENCE	PAYETTE IDAHO
COLOR	WHITE	COLOR	[illegible]
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	IDAHO	BIRTHPLACE	[illegible]
OCCUPATION	BUTCHER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth ONE

Number of children of this mother now living, including present birth ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald M.D.

Payette Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette

Filed Apr 15 1919 J. C. Woodward
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonner

City of Priest River

236-128-009-291

No. ..... St.

Hospital .....

BURE[redacted]

CE[redacted]TH

69569

Registration District No. 8[redacted]

File No. .....

Primary Registration District No. 2158

Registered No. 1

FULL NAME OF CHILD ELMER JOHN STONE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Stone	FULL MAIDEN NAME	Teresa Kromer
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Leitzloff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida.

Filed Feb 1919

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Bonner. }

Certificate No. 64135
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or death)
for Elmer John Stone. (Name on original certificate) who January 28th 1919. (Was born or died) (Date of event)
in Priest River, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by The Bible Record. (Bible record, insurance policy, etc.) prepared on Date of his Birth. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Elmer -John Stone	(Fred W.) ~~Fred Stone~~
Date	January 28,	~~Oct. 19, 1920~~
This is the True Date	1919.	This is Correct Date.

Subscribed and sworn to before me this 26
day of November, 19 41.
Richard M Lean.
Notary Public, residing at Priest River.
My commission expires May 15th 1943.
[SEAL]

Signed Theresa Stone Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Priest River, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Bonner. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th.
day of November, 19 41.
Richard M Lean.
Notary Public, residing at Priest River.
My commission expires May 15th 1943.
[SEAL]

Signed Theresa Stone Mother
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 285-202
009-569

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69570

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81

File No. .....

Primary Registration District No. 2158

Registered No. 2

FULL NAME OF CHILD Elaine Sherriff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Robert Sherriff	FULL MAIDEN NAME	Florence Voice
RESIDENCE	Priest River	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gatliff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed Feb 1919

Registrar

Registrar

PLACE OF BIRTH 751-107-009-699

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81

File No. 69571

Primary Registration District No. 2158

Registered No. 3

FULL NAME OF CHILD Vernon August Pearson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Axel Pearson	FULL MAIDEN NAME	Ellen Frisen
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumbering	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed Feb 19 19

Registrar

Registrar

WITH UNFADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

...TE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Priest River

No. 419-120-009-297 St.

Hospital

BUREA[redacted]

CE[redacted]

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered [redacted]

FULL NAME OF CHILD Wayne Roxbury Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 20 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Roxbury Martin	FULL MAIDEN NAME	Eva Bigler
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Gekloff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed Feb 1919 Ross Kennedy

Registrar

Registrar

AUG 31 1972

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Priest River

No. 564-228-009-168 St.

Hospital

Registration District No. 81

File No. 69574

Primary Registration District No. 2158

Registered No. 5

FULL NAME OF CHILD Emma Matilda Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Pete Young	FULL MAIDEN NAME	Mabel Johnson
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wash.
OCCUPATION	Contractor	OCCUPATION	Bookkeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Getzlaff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Priest River, Ida.

19

Registrar

Filed Feb 19 19

Registrar

RESERVED FOR BINDING

WITH UNFADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EMMA THILDA

PLACE OF BIRTH

Bonner

County of ..... name added 1/6/81

Priest River

City of .....

395-102-009-449

No. ..... St.

Hospital .. Priest River .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H-C—25m-9-8-17

Registration District No. .....

File No. 69575

Primary Registration District No. .....

Registered No. 6

FULL NAME OF CHILD ..... William Joseph Lindstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 2 1917

FATHER

FULL NAME: W.A.Lindstrom

RESIDENCE: Priest River

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: N.D.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara Murry

RESIDENCE: Priest River

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Ore

OCCUPATION: House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida.

..... Registrar

Filed March 19 17 [signature] Registrar

RESERVED FOR BINDING

WITH UNFADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-3-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 22 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 69575
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Lindstrum (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 2, 1919 (Date of Event)
in Priest River (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	William Joseph Lindstrom
fathers last name	Lindstrum	Lindstrom

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNER }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14TH day of July, 1980.

Notary Public, D. J. Ferguson
Residing at PRIEST RIVER, IDAHO
My commission expires LIFE TERM
(Seal)

Elvira Murray
Supporting Signature

Rt1. Colbert Wash
Street Address, City, State

Certification of Board Action from Board of Prison Terns and Paroles of Washington dated Feb 20, 1967 gives name as William J. Londstrom. No. 026156. viewed byVS

Honorable Discharge from the US Army gives nme as William J.XXXXXXXXX Lindstrom born March 1, 1919 in Priest River, Idaho. date of Sepration Feb 16, 1946 viewed by V. S.

JAN 7 1981

Amended 6-13-60

PLACE OF BIRTH

113-209-009-465

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 81 File No. 69576

Primary Registration District No. 2158 Registered No. 7

FULL NAME OF CHILD Helen Emma Jacobs

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 9, 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Harry Jacobs	FULL MAIDEN NAME: Cassie Monk
RESIDENCE: Priest River	RESIDENCE: Priest River
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Dr. Wallace, per Dr. C.P. Getzlaff

Physician
(Physician or midwife)

Address Priest River

Filed March 1925 Ross Kennedy
Registrar.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. 69576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emma Jacobs (Name on Original Certificate) who born (Was Born or Died) on March 9, 1919 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Emma Jacobs	Helen Emma Jacobs

Subscribed and sworn to before me this 14 day of May, 1960
Georgina Hagman Notary Public
Notary Public, residing at Priest River Ida
My commission expires Aug 1 - 1962
(Seal)

Signed Cassie Jacobs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1960
Georgina Hagman Notary Public
Notary Public, residing at Priest River Ida
My commission expires Aug 1 - 1962
(Seal)

Signed Cassie Jacobs
(Signature of Any Credible Person)

Priest River Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 4-28-60. one copy pd. receipt #01371.

Second Birthday Greeting Card, from the Cradle Roll Asst., March 9, 1921 gives full name as Helen Emma Jacobs - Alma C. Crowl, Supt. of Cradle Roll has signed the Post Card - viewed by V.S.

Cradle Roll Promotion Certificate, March 9, 1923 - Congregational Bible School - gives full name of child as Helen Emma Jacobs - viewed by V.S.

PLACE OF BIRTH 537-213-009-316

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69577

County of Bonner

City of Priest River

Registration District No. 81

File No.

No. St.

Primary Registration District No. 2158

Registered No. 8

Hospital

FULL NAME OF CHILD Clara Ruby Elgin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	Mar 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Elgin	FULL MAIDEN NAME	Grace Lowe
RESIDENCE	Bonner Ferry	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	~~[illegible]~~ Wash
OCCUPATION	Lumber Jack	OCCUPATION	Waitress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Getzloff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Priest River

19

Filed April 19 19

Registrar

Ross Kennedy
Registrar

RESERVED FOR BINDING
WITH UNFADING INK. THIS IS A PERMANENT RECORD
In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Priest River

281-115-009-235

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 81

Primary Registration District No. 2158

File No. 69578

Registered No. 9

FULL NAME OF CHILD .....

Sex of Child [illegible]

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March 15 1919 (Month) (Day) (Year)

FATHER

FULL NAME Edward F. Shonna

RESIDENCE Priest River

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Ida

OCCUPATION Lumberjack

MOTHER

FULL MAIDEN NAME Annie Stephenson

RESIDENCE Priest River

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ida

OCCUPATION Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Priest River Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 19 19 19 [illegible]

Registrar

818-122-006-25

PLACE OF BIRTH

County Bingham

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69579

City of Aberdeen

Registration District No. 116

File No.

No. ..... St.

Primary Registration District No. 2195

Registered No. 365

Hospital .....

FULL NAME OF CHILD Chester Howard Hayden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 22 1919

FATHER		MOTHER	
FULL NAME	Byron Hayden	FULL MAIDEN NAME	Nora Belle Kemper
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen, Ida.

..... 19.....

Filed 3/1/19 19.....

Registrar

McCmerkinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

419 - 202
006 - 449

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

9580

County of Bingham

City of Springfield Registration District No. 116 File No. [illegible]

No. ..... St. Primary Registration District No. 2195 Registered No. 37

Hospital .....

FULL NAME OF CHILD Fay Anna Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 2 9

FATHER	MOTHER
FULL NAME: Edward Rudolph Martin	FULL MAIDEN NAME: Jennie Viola Muir
RESIDENCE: Springfield, Ida.	RESIDENCE: Springfield Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive (Born alive or stillborn), at 6-25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Aberdeen, da.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 2 19 19

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-206-006-349

PLACE OF BIRTH

Form [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 69581

No. ..... St.

Primary Registration District No. 2195

Registered No. 371

Hospital .....

FULL NAME OF CHILD Johnny Opal Buckner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 6 9 191

FATHER		MOTHER	
FULL NAME	John Melvin Buckner	FULL MAIDEN NAME	Nettie Turner
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida.

Filed March 6, 19 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

446-110-006-239

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [redacted]

Registration District No. 116

File No. .....

Primary Registration District No. 2195

Registered No. 372

FULL NAME OF CHILD Lynn Street Duffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 10 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lynn Kelsey Duffin	FULL MAIDEN NAME	Mary Ann Street
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen, Ida

Filed 3/11/19 19.... M C Mackinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-112-006-695

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69584

County of Bingham

City of Aberdeen — Registration District No. R 116 — File No. [illegible]

No. ..... St. — Primary Registration District No. 2195 — Registered No. 374

Hospital .....

FULL NAME OF CHILD Wilbur Corneilius Tiahrt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	March 12 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Corneilius G Tiahrt	FULL MAIDEN NAME	Anna Wiebe
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinney M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/13/19 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1976

FEB 10 1943

C.C. 5/20/44th

795-215-006-451

PLACE OF BIRTH name added 6-12-85 dl

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69585

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. .....

Registered No. 373

FULL NAME OF CHILD Alene Pierce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 15 1919

FATHER	MOTHER
FULL NAME: Isaac Thomas Pierce	FULL MAIDEN NAME: Vera Meason
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 2 .... Number of children of this mother now living, including present birth ... 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.50 P M. on the date above stated.

(Signature) M. C. Merriman M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Filed 3/15/19 M. C. Merriman

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 3 1981

6-4-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 7 1985
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 69585
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Pierce (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 15, 1919 (Date of Event) in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Alene Pierce

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Alene Pierce Taylor
Signature of Applicant

x 2514 W. 1600 S. Aberdeen Id 83210
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1985.

Notary Public, Carol B. Hernandez
Residing at Blackfoot, Idaho
My commission expires Life
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

K

Certificate of Promotion to 4th grade lists student as Alene Pierce. Dated May 18, 1928. Viewed by V.S.

Marriage certificate lists Lynn Hiatt Taylor and Alene Pierce were married Dec 21, 1937 in Pocatello, Idaho. Viewed by V.S.

259-123-006-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69587

County of Bingham

City of Springfield

No. ..... St.

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 377

Hospital .....

FULL NAME OF CHILD Halver Finn Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	March 23 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Henry Halverson Berg	FULL MAIDEN NAME: Erma Willis
RESIDENCE: Springfield, Ida.	RESIDENCE: Springfield, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. McCutcheon M. D.
(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/23/19 W. C. McCutcheon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M. D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

July 17, 1940

69587

RECEIVED
JUL 19 1940

M. C. MacKinnon, M. D.
Local Registrar
Aberdeen, Idaho

Dear Doctor MacKinnon:

On June 17th we issued a certified copy of the birth record of Halvor Finn Berg, born March 23, 1919; said certificate was signed by you as Local Registrar. The date of filing on the record is given as February 1919.

Mr. Berg is employed in an airplane factory and must furnish acceptable proof of citizenship by July 22, 1940, or lose his job. He has returned the certified copy to us for correction of the filing date.

Before we can legally make any changes on the original record of birth we must have a statement from you giving the change necessary to make the record correct. Please make a statement on the bottom of this letter giving the correct date of filing as shown by your local registrar's records.

Very truly yours

BUREAU OF VITAL STATISTICS

Mae G. Atwood

Mae G. Atwood, Director

c

My record also shows 2-23-19.
Very plainly if is an error. It should have been 3/23/19
M. C. MacKinnon M.D.

JUL 29 1942

866-126-006-349

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69588

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 8

No. ..... St.

Primary Registration District No. 2195

Registered No. 378

Hospital .....

FULL NAME OF CHILD Vernard Stanley Hoffbuhr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 26 19 9

FATHER	MOTHER
FULL NAME: Herman Charles Hoffbuhr	FULL MAIDEN NAME: Innocence Turkano
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..., at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M. D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3/26/19 19.....

M. C. Mackinnon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1974

249-128-006-595

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69589

County of Bingham

City of Sterling

Registration District No. 116

File No.

No. Amended 6/15/78 St.

Primary Registration District No. 2195

Registered No. 3741

Hospital

FULL NAME OF CHILD Elmer E. Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 28 1919

FATHER		MOTHER	
FULL NAME	John Eddins Smith	FULL MAIDEN NAME	Anna Nielsen
RESIDENCE	Sterling, Ida.	RESIDENCE	Sterling, Ida.
COLOR	White	COLOR	Whit
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	UtaH
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Aberdeen, Ida.

19

Filed 3/28/19 19 [signature]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. - In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 15 9 56 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69589

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on March 28, 1919 (Date of Event)
in Sterling, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Smith	Elmer Edwards Smith

Subscribed and sworn to before me this 27th day of March, 1978.

Betty Siebert

Notary Public, residing at Boise, Idaho

My commission expires .....

(Seal)

Signed Jerrell J. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1978.

Betty Siebert

Notary Public, residing at Boise, Idaho

My commission expires .....

(Seal)

Signed Betty Siebert
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60-155

1946 Income Tax Return lists name as Elmer E. Smith

Bank Statement issued by the Pocatello, Idaho Bank & Trust Co. dated 11/29/68 was issued in the name of Elmer E. Smith. viewed by V.S.

Child's birth certificate issued by the State of Idaho 7/12/51 lists the Father as Elmer E. Smith. viewed by V.S.

[redacted] 693-105-004-866

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69590

County of Bear Lake

City of St Charles

Registration District No. 53

File No.

No. St.

Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 - 5 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earnest Wilks	FULL MAIDEN NAME	Drucilla Howell
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Fish Haven, Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Paris, Idaho

19

Filed 4-10- 1919 R J Sutton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-121-004-263

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles Registration District No. 53 File No. 69591

No. _____ St.

Primary Registration District No. 2132 Registered No. _____

Hospital _____

FULL NAME OF CHILD Sterling Bolton Rich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3-21-1919

FATHER		MOTHER	
FULL NAME	Orson S. Rich	FULL MAIDEN NAME	Alice Bolton
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Paris Idaho

_____ 19__

Filed 4-10-1919 R J Sutton

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1944

219-121 [redacted]
009-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69592

County of Bonner

City of Hope

No. _____ St.

Hospital Home

Registration District No. 80

File No. 1

Primary Registration District No. 2157

Registered No. 25

FULL NAME OF CHILD Morris Hayes Kain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 21st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Valdemar Kain	FULL MAIDEN NAME	Ethel Dorothy Warren
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Knowlton Wisconsin
OCCUPATION	Barber	OCCUPATION	High School Girl

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Hayes

(~~Physician or~~ midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed March 27 1919

John Larson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

JAN 2 1 1971

432-230
042-[redacted]

Form V. S. No. [illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69593

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36

Primary Registration District No. .....

File No. .....

Registered No. 20

FULL NAME OF CHILD Frances Helen McKay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hubert F. McKay	FULL MAIDEN NAME	Anna Parker
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed April 7 1919 Mrs Anna Jamison

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 69593

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Helen McKay (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 29, 1919 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Helen	Helen Frances McKay

Subscribed and sworn to before me this 16th
day of Nov — 1943

Harry Eaton

Notary Public, residing at Twin Falls Ida

My commission expires May-10-1945
(SEAL)

Signed Hubert T. McKay
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of Nov — 1943

Harry Eaton

Notary Public, residing at Twin Falls Ida

My commission expires May-10-1945
(SEAL)

Signed Mrs Herman Goebbe
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kimberly Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

K

DEC 13 1943

239-222-042-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 36

Primary Registration District No. .....

69594

File No. .....

Registered No. 19

FULL NAME OF CHILD Kathleen Julia Straughn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 22 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Jerome Straughn	Pearl Miles
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Ind	Idaho
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly Idaho

Filed March 28 19 19 Mrs. Anna Jamison

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

6496 94

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No.

County Twin Falls

Registered No. 19

Registration Dist. No. 36

Sex of Child Female

Date of Birth March (MONTH) 22 (DAY) 1919 (YEAR)

Father Clyde Jerome Straughn (FULL NAME)

Mother Pearl Miles (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Kathleen Julia Straughn (GIVEN NAME IN FULL) (SURNAME)

as reported by Clyde Straughn (FATHER OR MOTHER)

J. F. Davis M.D. (LOCAL REGISTRAR)

713-221-042-952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69595

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 18

FULL NAME OF CHILD Edna Lovis Palmer

Sex of Child: Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate: Yes

Date of Birth: March 21 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME: Alfred D. Palmer

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 51 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hattie Eckleson

RESIDENCE: Kimberly

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Home wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Lamm

M. D. (Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed March 28 1919 Mrs. Anna Jamison

JUL 2 7 1953

622-213-042-439

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 36

File No. 69596

Primary Registration District No. .....

Registered No. 17

FULL NAME OF CHILD Margaret May Osborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	March 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Curtis Osborn	FULL MAIDEN NAME	Ina May McIngie
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed March 28 1919 Mrs Anna Jamison
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1957

45-9-113-042-284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

69597

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 16

FULL NAME OF CHILD Roy J. Merchant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 13 1919

FATHER

FULL NAME James LeRoy Merchant

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anne C. Symons

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE England

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Davis

M. D.
(Physician or midwife)

Address Kimberly Idaho

Filed April 7 1919 Mrs. Anna Jamison

766-107-042-468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Hurley

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 306. 12-5-25m-8-8-17

CERTIFICATE OF BIRTH

69598

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 15

FULL NAME OF CHILD ..... FRANCIS CLYDE Goodman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 7 1919

FATHER		MOTHER	
FULL NAME	William N. Goodman	FULL MAIDEN NAME	Annie Moyer
RESIDENCE	Hurley	RESIDENCE	Hurley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth .... 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Howe M. D.
(Physician or midwife)

Address Kimberly

Filed March 28 1919 Mrs. Emma Jamison Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 69598
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wm. N. Goodman (Name on original certificate) who was born (Was born or died) on March 7, 1919 (Date of event)
in Murtaugh, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother's family record (Bible record, insurance policy, etc.) prepared on March 10, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Wm. N. Goodman	Francis Clyde Goodman

Subscribed and sworn to before me this 2 d.
day of November, 1941
F. W. Wachholtz
Notary Public, residing at Murtaugh Id.
My commission expires 2-6-1943
[SEAL]

Signed Annie Goodman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother
Box 145 Murtaugh, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 d.
day of November, 1941
F. W. Wachholtz
Notary Public, residing at Murtaugh Ida
My commission expires 2-6-1943
[SEAL]

Signed Mrs W. R. Sickafus
(Signature of any credible person other than the previous affiant.)
Murtaugh Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

SEP 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-104-042-296

PLACE OF BIRTH

Form V. S. No. 11-C—2m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69599

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36

Primary Registration District No. .....

File No. .....

Registered No. 14

Hospital Home

FULL NAME OF CHILD George Edgar Rowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 4 1919

FATHER	MOTHER
FULL NAME: Walter Leslie Rowen	FULL MAIDEN NAME: Helen Beatrice Brother
RESIDENCE: Kimberly	RESIDENCE: Kimberly
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Colo	BIRTHPLACE: Nebr
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed March 28 1919 Mrs. Anna Jamison

..... Registrar

JUN 27 1944

719-130-028-21

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69600

County of Kootenay Co.

City of Coeur d'Alene

No. 832 — 5 St.

Hospital Home

Registration District No. 79

Primary Registration District No. 1050

File No.

Registered No. 28

FULL NAME OF CHILD Harold James Garrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Jan 30 Thurs 1919

FATHER	MOTHER
FULL NAME: Homer Vergil Garrett	FULL MAIDEN NAME: Ocie Alma Bratcher
RESIDENCE: Coeur D'Alene Idaho	RESIDENCE: Coeur D'Alene Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Des Moines Iowa	BIRTHPLACE: Ilia Washington
OCCUPATION: Barber	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. O. Bunby M D
(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mar 18 19 19 Gus Nelson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Date of birth –
Fire out in full and mail
to Aug. Nelson – Cassidy & Nelson
Coeur d'alene

FEB 28 1942

818-121-028-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1123 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 29

Primary Registration District No. 1050

File No. 69601

Registered No. 27

FULL NAME OF CHILD Roy C. Haybarker

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 2 - 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Le Roy Earl Haybarker	FULL MAIDEN NAME	Gladys Edna McEwen
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Le Roy, Mich.	BIRTHPLACE	Waterloo, Wis.
OCCUPATION	Chief Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby M D

Coeur d'Alene Ida (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Mar. 15 1919 Gus Nelson

Registrar

File out blank in full and mail
to August Nelson, City.

284-201-028-395

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69602

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 29

FULL NAME OF CHILD Francis Rose Shultz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Jan (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W H Shultz	FULL MAIDEN NAME	Elsie Grace Lincoln
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Fireman in Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur D'Alene Ida

Filed Apr 1 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 31 1950

553-219-028-693

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 29

Primary Registration District No. 1050

File No. 69603

Registered No. 30

FULL NAME OF CHILD Thelma Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Jan 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orin Earl Nelson	FULL MAIDEN NAME	Jennie Rosalia Wilkinson
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Freight agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur D'Alene Ida

Filed Apr. 1 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-V [illegible] 381

PLACE OF BIRTH

County of Bonhomme

City of Coeur D'Alene Registration District No. 29 File No. 69604

No. ..... St. Primary Registration District No. 1050 Registered No. 31

Hospital 100

FULL NAME OF CHILD Frances Glenn Dennison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Jan 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Joseph Dennison	FULL MAIDEN NAME	Nava M. Strahorn
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Spokane Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holdie

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur D'Alene Ida

Filed Apr 1 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 15 1960

JAN 5 1960

OCT 9 1975

556-224-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69605

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 32

Hospital

FULL NAME OF CHILD Helen Pauline Newell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	one	Yes.	March 24th 1919

FATHER	MOTHER
FULL NAME Daniel J Newell.	FULL MAIDEN NAME Clara Fuhrbach.
RESIDENCE Coeur d Alene Ida.	RESIDENCE Coeur d Alene Ida.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE ~~Kansas~~ Iowa.	BIRTHPLACE Illinois
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 1/2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W H Holden

Physician

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Apr. 1 1919 Guss Nelson
Registrar

JAN 12 1953

955-105-028-813

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69606

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29

File No.

No. Cor. 15 & Penn Ave St.

Primary Registration District No. 1050

Registered No. 33

Hospital

FULL NAME OF CHILD MELVIN HENRY Reese

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	other	3	Yes	Mar. 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Reese	FULL MAIDEN NAME	Annie YALAR
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Germany	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood

Physician Sec (Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur D'Alene Ida

Filed Apr. 1 1919 Gus Nelson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 69606

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Melvin Henry Reese (BIRTH OR DEATH) for Birth Certificate (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 5th, 1919 (DATE OF EVENT) in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	Reese	Melvin Henry Reese
mother's maiden name	Annie Vallier	Anna Yalar

Subscribed and sworn to before me this 31st day of December, 19 41

Notary Public, residing at Coeur d Alene, Ida.

My commission expires Nov 15, 1945
(SEAL)

Signed Annie O Hare
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

717 Smiley St, Coeur d Alene, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 19 41

Notary Public, residing at Coeur d Alene, Idaho

My commission expires Nov. 15, 1945
(SEAL)

Signed Irene Blair
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1506 Coeur d Alene St, Coeur d Alene, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 3 1942 By

(REGISTRAR'S SIGNATURE)

922-127-028-55-9

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69607

County of Kootenai

City of Coeur d'Alene Dist. Registration District No. 29 File No.

No. Box 631 St. Primary Registration District No. 1050 Registered No. 34

Hospital

FULL NAME OF CHILD John Iskenka

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Father (To be answered only in event of plural births)	2	Yes	May 27 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Gustave Iskenka	FULL MAIDEN NAME Annie Mesa
RESIDENCE Coeur d'Alene — Ida.	RESIDENCE Coeur d'Alene Ida.
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Hungary	BIRTHPLACE Hungary
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

(Signature) Dr. John P. Ward

(Physician or midwife)

Address Coeur D'Alene Ida

Filed Apr 1 1919 Geo Nelson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-108-028-816

Amended 1-21-64

(Be sure the information is complete and accurate)

State File No. 69609

Local Reg. No. 36

Reg. Dist. No. 29

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 1421 - 5th St.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 1421 - 5th St.

3. CHILD'S NAME (Type or print)

a. (First): Joseph

b. (Middle): Lincoln

c. (Last): Corrigal

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Mar. (Day) 8, (Year) 1919

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph

b. (Middle):

c. (Last): Corrigal

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Canada

11a. USUAL OCCUPATION: Camp Cook

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Florence

b. (Middle):

c. (Last): Hawkins

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Germany

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. John T. Wood

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: 1010 Sherman St. - Coeur d'Alene, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Apr. 4, 1919

20. REGISTRAR'S SIGNATURE: Gus Nelson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Asotin } ss.

RECEIVED JAN 21 1964 Bureau of Vital Statistics

Certificate No. 69609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Lincoln Corrigal (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1919 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavits (Bible Record, Insurance Policy, Etc.) prepared on 7-12-61 8-25-62 9-11-62 7-13-63 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Color or Race	White	Indian

Subscribed and sworn to before me this 8th day of January 1964

Notary Public, residing at Clarkston

My commission expires Jan 8, 1965 (Seal)

Signed Joseph L. Corrigal (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

704 Bridge- Clarkston, Wash (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Asotin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January 1964

Notary Public, residing at Clarkston

My commission expires Jan 8, 1965 (Seal)

Signed Virginia Finch (Signature of Any Credible Person)

1013 B Elm St Clarkston Wash (Street Address, City, State)

FORM DH 60-155 L 10-16-61. 2 copies pd. rec. #2720.

age 92 - member of the Nez Perce Tribe of Idaho -
Affidavit by Sam Tilden signed June 12, 1961 at Spalding, Idaho states that Joseph Corrigal, Sr. was a full blood Nez Perce Indian, his father's name was Pahk-Wayei-Mah and mother's name was Pot-It-Pa-Lou, both were members of the Nez Perce Tribe, captives of the Chief Joseph War of 1877, ~~both~~ both dies at Indian Territory. His sons full name is Joseph L. Corrigal, Jr.." - statement received by Nez Perce Tribal Executive Committee July 10, 1961. - viewed by V.S.

Affidavit by Harrison Jabeth, member of Nez Perce Tribe of Idaho, age 68, signed June 12, 1961 at Lapwai, Idaho states that Joseph Corrigal, Sr. was a full blood Nez Perce Indian, his father's name as Pahk-Wayei-Mah and mother's name was Pot-It-Pa-Lou, both were members of the Nez Perce Tribe, captives of the Chief Joseph War of 1877, both died at Indian Territory. His son's name is Joseph L. Corrigal, Jr. - statement received by Nez Perce Tribal Executive Committee, July 10, 1961.- viewed by V.S.

Affidavit by W.J. Burns, of Coeur d'Alene, age 92 states "I do hereby make a statement that I Knew Joseph Corrigal, Sr., knowing him to be a full blood indian (Nez Perce). I also am the photographer who took the picture of him and his daughte Flora Corrigal. I know his son Joseph L. Corrigal, Jr. now residing at Clarkston, Washington." - statement written July 15, 1961 - viewed by V.S.

Also affidavits by William S. Hawkins of Coeur d'Alene, Idaho and Violet Dormeyer of Coeur d'Alene, Idaho - viewed by V.S.

183-226-028-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 933 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69611

Registration District No. 29

File No.

Primary Registration District No. 2050

Registered No. 38

FULL NAME OF CHILD Phyllis Ann Ahlstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Jan 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John William Ahlstrom	FULL MAIDEN NAME	Rose Elizbeth Blessing
RESIDENCE	Medimont	RESIDENCE	Medimont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Headrick Iowa	BIRTHPLACE	Trent Wash
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burley M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Idaho

Filed Apr 7 1919 Gus Nelson

Registrar

Registrar

Fill out blank in form and
mail to Mount Idaho, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 459-107-042-551

[redacted] BIRTH

[redacted] Falls

City of Hollister

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69612

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Meier RUSSELL FORD MEIER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 / 7 / 1919

FATHER		MOTHER	
FULL NAME	Jacob Meier	FULL MAIDEN NAME	Zula May Neal
RESIDENCE	Hollister	RESIDENCE	Hollister Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed 3-8-1919

W. G. Pike
Registrar

Registrar

1893 - 03-042-843

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69613

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Hills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar. 3 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo C. Hills	FULL MAIDEN NAME	Helen M. Hutalson
RESIDENCE	Berger, Ida	RESIDENCE	Berger, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

Filed Mar. 10 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-121-042-286

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of T

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 69615

Registered No. .....

FULL NAME OF CHILD Ellis Carlton Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	2 21 1919

FATHER		MOTHER	
FULL NAME	Guy C Andrews	FULL MAIDEN NAME	Ida Shoemaker
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) on the date above stated., at 1:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Mason

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-15-1919 W. F. Pike Registrar

432-224-042-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69616

County of Twin Falls

City of Hollister

No. — St.

Hospital —

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Dora Eleanor McBride

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	Feb. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt. Duncan McBride	FULL MAIDEN NAME	Eleanor May Owens
RESIDENCE	Hollister	RESIDENCE	Hollister
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

19

Filed April 9 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

251-224-042-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69617

County of Twin Falls

City of Filer

No. — St.

Hospital —

Registration District No. 37

Primary Registration District No. 2085

File No.

Registered No.

FULL NAME OF CHILD Opal Manie Bean

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	Feb 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Jasper Bean	FULL MAIDEN NAME	Inda R. Manie
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 130 Main Ave. So. Twin Falls

Filed April 7 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

238-217-042-261

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH 69618

County of Twin Falls

City of .....

Registration District No. 37

File No. .....

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD HELEN GRACE Schroeppel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	March 17th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gail Schroeppel	FULL MAIDEN NAME	Clara E. Swartz
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

..... Registrar

Filed April 7 1919 W. F. Kiser Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 69618

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 16, 1919 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1-19-25 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Schroeppel	Helen Grace Schroeppel
Date	March 16th	March 17th, 1919 (12:15AM)

Subscribed and sworn to before me this 13th day of January, 19 42.

Mae A. Sheak
Notary Public, residing at Long Beach, Cal.
My commission expires
(SEAL)

Signed Mrs Clara Schroeppel mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
2135 E. 7th, Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 19 42.

Mae A. Sheak
Notary Public, residing at Long Beach, Cal.
My commission expires
(SEAL)

Signed Charles Schroeppel (grandfather)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1510 E. Broadway, Long Beach, Cal.
(STREET ADDRESS, CITY, STATE)

Received for filing on ... By ...
(REGISTRAR'S SIGNATURE)

291-225 Amended 10-12-56
047-253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-1-17

CERTIFICATE OF BIRTH

69619

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD ... Ruth Charlotte Bratt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 25 1919

FATHER		MOTHER	
FULL NAME	Stephen A Bratt	FULL MAIDEN NAME	Hazel Secord
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed April 7 19 19 W. F. Burke Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 69619

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brabb (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1919 (Date of Event)
in Kimberly (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Own child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on 7-21-40, are: Church record Dec. 31, 1929 Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Brabb	Ruth Charlotte Brabb

Subscribed and sworn to before me this 5th day of Oct. 19 56
Mabel Sandgren
Notary Public, residing at Buhl, Idaho
My commission expires 10-18-58
(Seal)

Signed Mrs. Hazel A. Brabb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 671 Castleford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 19 56
Mabel Sandgren
Notary Public, residing at Buhl, Idaho
My commission expires 10-18-58
(Seal)

Signed C. R. Boring
(Signature of Any Credible Person)
423-13 Main North Buhl Idaho
(Street Address, City, State)

FORM DPH 55. 155

55-6-120-042-285

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

69620

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD ALVIN ELROY Nefzger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mar. 20 1919

FATHER		MOTHER	
FULL NAME	Erwin E. Nefzger	FULL MAIDEN NAME	Mary E. Sherlock
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician

(Physician or midwife)

Address Twin Falls

Filed April 7 1919 W. F. Fike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 69620
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on March 20, 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Nefzger	Alvin Elroy Nefzger

Subscribed and sworn to before me this 26
day of March, 1942.

F W Black
Notary Public, residing at Twin Falls, Idaho.

My commission expires January 16 - 1944
(Seal)

Signed Mrs. Mary E. Nefzger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

453-227-042-239

Amended 1-8-63 (Be sure the information is complete and accurate)

State File No. 69621
Local Reg. No.
Reg. Dist. No. 37

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marjorie
b. (Middle): June
c. (Last): Metcalf

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) March (Day) 27, (Year) 1919

FATHER OF CHILD

7. FULL NAME: a. (First) Guy b. (Middle) U. c. (Last) Metcalf
8. COLOR OR RACE: White
9. AGE (At time of this birth): 30 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Missouri
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Georgie b. (Middle) Pearl c. (Last) Strode
13. COLOR OR RACE: White
14. AGE (At time of this birth): 25 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Missouri
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Wilson
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Twin Falls, Ida.
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 31, 1919
20. REGISTRAR'S SIGNATURE: W. F. Pike
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY
22b. WEIGHT AT BIRTH
23. Was a standard serological test for ...

...pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 69621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margery Metcalf (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1919 (Date of Event)
in Twin Falls Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certificate and Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on ~~first~~ filed (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Margery Metcalf	Marjorie June Metcalf

Subscribed and sworn to before me this 4th day of June, 1962

Notary Public, residing at Twin Falls, Ida.
My commission expires Nov. 26, 1964
(Seal)

Signed Twin Falls, Idaho (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs. Margaret Metcalf, Mother (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June, 1962

Notary Public, residing at Twin Falls
My commission expires Nov. 26, 1964
(Seal)

Signed Aunt Anna Fendri (Signature of Any Credible Person)

Route 1, Filer, Idaho (Street Address, City, State)

FORM DH 60.155 CL 5-23-62. one copy pd. rec. #11383.

State of Utah, Notification of Birth Registration, child born July 20, 1944 at Ogden, Utah gives full name of father as Stanley Frank Piehowski and full maiden name of mother as Marjorie June Metcalf - viewed by V.S.

Mp
Notarized Photo Copy of Page from Family Record, gives one child's full name as Marjorie June Metcalf, born March 27, 1919 - viewed by V.S.

249-130-042-533

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

6962

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Earl O. Smith Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 30 1919

FATHER		MOTHER	
FULL NAME	Earl O. Smith	FULL MAIDEN NAME	Marion Elizabeth Etter
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Musician

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Idaho

19

Registrar

Filed 4-2-1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1942

DEC 1 1972

name added 3/16/81

459-[illegible]-042-695

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69623

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD Martha Lucille Meier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	March 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Meier	FULL MAIDEN NAME	Alvena Fiedler
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 89 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Clonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Registrar

Filed 4-2-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-5-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 8 3 16 PM '80

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 69623
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Meier (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 18, 1919 (Date of Event)

in Twin Falls, (T.F.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Martha Lucille Meier

Subscribed and sworn to before me this 12 day of June, 1980

Notary Public, [illegible]
Residing at RT#3 Jerome Idaho
My commission expires 5-18-82
(Seal)

x Martha Lucille Meier
Signature of Applicant
Martha Lucille Meier
RT#4 Twin Falls, Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of June, 1980

Notary Public, [illegible]
Residing at RT#3 Jerome Idaho
My commission expires 5-18-82
(Seal)

x Norma E. Battistini
Supporting Signature

Street Address, City, State

Own child's certificate showes mother as Martha Lucille Meier born in Twin Falls Idaho. State file # 42-361357.
Viewed by Vital Statistics

Confirmation Certificate dated June 4th, 1933 showes name as Martha Lucille (Lucille) Meier. Immanuel Lutheran Church
Viewed by VS

MAR 1 5 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [redacted]

[redacted]

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]CATE OF BIRTH

Form V. S. No. 11-C-[redacted]

69624

City of Rupert
815-224-032-265
No. ..... St.

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Elaine Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	6	yes	Feb 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hansen	FULL MAIDEN NAME	Amanda Swenson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	light white	COLOR	light
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Swenson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address R. F. D. No. 3 Box 81 Twin Falls Ida.

Filed 4-2-1919 W. F. Pike

Registrar

Registrar

AUG 3 1 1971

8-31-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome

RECEIVED
NOV 5 - 1971
Bureau of Vital Statistics

Certificate No. 69624

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hansen (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Norma Elaine Hansen

Subscribed and sworn to before me this 1st day of November, 19 71

Notary Public, residing at Hazelton, Idaho
My commission expires 7/25/75
(Seal)

Signed Amanda S. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 19 71

Notary Public, residing at Hazelton, Idaho
My commission expires 7/25/75
(Seal)

Signed Mary V. Gardner
~~Amanda S. Hansen~~
(Signature of Any Credible Person)

Hazelton, Idaho
(Street Address, City, State)

Certificate of Blessing from LDS Church gives name as Norma Elaine Hansen daughter of Joseph Hansen and Amanda Swenson. Born Feb. 24, 1919 at Rupert, Idaho. Was Blessed May 4, 1919. Viewed by V. S.

NOV 8 1971

Certificate of Baptism and Confirmation from LDS Church gives name as Norma Elaine Hansen. Daughter of Joseph Hansen and Amanda Swnesen. Born Feb. 24, 1919 at Rupert Idaho. Was Baptized June 16, 1927 and confmd. June 19, 1927. Viewed by V. S.

317-227-042-
418 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69625

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. ..... St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD ~~Luella~~ Ruth Capen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	3-27-1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Capen	FULL MAIDEN NAME	Opal Moyer Mayer
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address

Registrar

Filed April 7 1919 J. V. F. [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/5/41 L. B.

291-214-042-734

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 755-2 Ave W St.

Registration District No. 37

File No. 68626

Primary Registration District No. 1085

Registered No.

Hospital —

FULL NAME OF CHILD Althea Yvonne Fern Kramer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	[illegible] (Month) 14 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank L. Kramer	FULL MAIDEN NAME	Anna Maude Plummer
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Hswife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M. D. (Physician or midwife)

Given names added from a supplemental report.

Address 130 Main Ave So. Twin Falls

19

Registrar

Filed April 7 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-203-042-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 69627

Primary Registration District No. 1185 Registered No. .....

FULL NAME OF CHILD .... JENNIE LOUISE Leonard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	March 3 1919

FATHER	MOTHER
FULL NAME: Arthur C Leonard	FULL MAIDEN NAME: Flossie Villers
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Kansas
OCCUPATION: Plumber	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Twin Falls Ida

H M Leete M.D.
(Physician or midwife)

Address .....

Filed 3-6-1919 W. J. Pike
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of NEVADA } ss.
County of WASHOE }

Certificate No. 69627

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Jennie Louise Leonard (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 3, 1919 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 8, 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Jennie Louise Leonard

Subscribed and sworn to before me this 11 day of January, 1943.

Rowena Epperson
Notary Public, residing at Reno

My commission expires July 24, 1943
(SEAL)

Signed Mrs. A. C. Leonard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mohler, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January, 1943.

Rowena Epperson
Notary Public, residing at Reno Nev.

My commission expires July 24, 1943
(SEAL)

Signed D. Grossi
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

202 Claremont St., Reno, Nevada
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 7 1969

JAN 23 1943.

743-201-042-238

Form V. S. No. 12-C—Rev. 6-8-17

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 69628

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Louisa Marie Putzier

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 1 1919

FATHER	MOTHER
FULL NAME Harry J. Putzier	FULL MAIDEN NAME Elizabeth Scheidle
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 am on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) I. F. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed Sept. 1 1919 W. H. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

364-216-042-867

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 12-C 25m-9-5-27

Registration District No. 37

File No. 69629

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ..... Zelda Todd .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 16 1919

FATHER		MOTHER	
FULL NAME	Sam Todd	FULL MAIDEN NAME	Lola Haggood
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27	COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. G. Pike

Physician (Physician or midwife)

Address Twin Falls Ida.

Filed 3-20-1919 W. G. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
DEC 26 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69629

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of bieth (Birth or Death)
for Unnamed Todd (Girl) (Name on Original Certificate) who born (Was Born or Died) on 3-16-1919 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Both records show only 1st name (Bible Record, Insurance Policy, Etc.) prepared on March 21 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Childs birth cert. Jan 1-41 July issued by U.S.	
Child's Name	Unnamed	Zelda Evelyn Todd

Subscribed and sworn to before me this 14th day of December, 1957

Notary Public, residing at Westport, Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires APR. 9, 1960

Signed Lola Gladys Todd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wauna Oregon. Box 5
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of December, 1957

Notary Public residing at Wendell, Idaho
My commission expires July 18, 1958
(Seal)

Signed Mamie Bean
(Signature of Any Credible Person)

Wendell Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 11-14-57 1 copy paid

FEB 20 1959

363-201-042-363

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

File No. 69680

Registered No. .....

FULL NAME OF CHILD ..... Rhoda Jane Boles .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 1 — 1919

FATHER

FULL NAME: Joseph J. Boles

RESIDENCE: Twin Falls

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hattie May Locken

RESIDENCE: Twin Falls

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida.

Filed Mar. 10 1919 W. F. Pike Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1952

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH 132-214-042-433

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69631

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD HELEN MAE Albert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	3 14 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac G. Albert	Mae McCumber
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	19 (Years)
BIRTHPLACE	Illinois	Canada
OCCUPATION	Telegrapher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.2 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. G. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida

Filed 3-20-19

W. G. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio } ss.
County of Fulton }

Certificate No. 69631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Mae Albin (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1919 (Date of Event) in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Mae Albin

Subscribed and sworn to before me this 3 day of July, 1942

David Beatty

Notary Public, residing at Delta, Ohio

My commission expires Mar. 10, 1944
(Seal)

Signed [illegible] Mae [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 1 9 1942

219-218-042-783

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69632

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD INEZ LaRAE Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	5 18 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ephraim Barnes	Ina Gyllenskog
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-20- 1919 W. H. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of TWIN-FALLS } ss.

Certificate No. 69632

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for INEZ LARAE BARNES (Name on Original Certificate) who WAS BORN (Was Born or Died) on MARCH 18, 1919 (Date of Event)
in TWIN-FALLS IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Inez LaRae Barnes

Subscribed and sworn to before me this 1st day of August, 1944

Notary Public, residing at Twin Falls Idaho

My commission expires July 8-1946
(Seal)

Signed Inez G. Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 4 1943

962-206-042-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

69633

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 6 1919

FATHER		MOTHER	
FULL NAME	Walla & Robinson	FULL MAIDEN NAME	Ophelia Bell
RESIDENCE	T-F-	RESIDENCE	Twin Falls
COLOR	B- AGE AT LAST BIRTHDAY 40 (Years)	COLOR	B- AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	R.R. Employee	OCCUPATION	Hy

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Wasson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address T-F

Filed 3-15-1919 W. F. Pike

Registrar

Registrar

419-131-042-315

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69634

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital Twin Falls Co.

FULL NAME OF CHILD Frank De Los Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	3 31 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Frank Martin	Vesta Cornwall
RESIDENCE	Twin Falls Ida 210-7 ave N.	Twin Falls Ida 210-7 ave N.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Star Idaho	Moscow Ida
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Pike

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed April 9 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RELEASED

142-229-042-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-1-17

69635

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Elnora Ambrose

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 29 1918

FATHER		MOTHER	
FULL NAME	Ralph Ambrose	FULL MAIDEN NAME	Ida Saunder
RESIDENCE	Id	RESIDENCE	Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Hsf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wooten

T D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed April 9 1919 W. F. Pike

Registrar

318-214-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **69636**

County of Twin Falls

City of Twin Falls, Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD BEULAH INEZ LAHUE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 14 19?

FATHER		MOTHER	
FULL NAME	Lewis Lahue	FULL MAIDEN NAME	Martha Smith
RESIDENCE	T F	RESIDENCE	T F
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	T F	BIRTHPLACE	Canada
OCCUPATION	Usa.	OCCUPATION	Hsf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

T. F.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed April 9 1919 W. F. Pike
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 69636

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of March 4th 1919 Birth
(Birth or Death)
for Baby Lahue who born on Mar. 14th 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Beulah Inez Lahue

Subscribed and sworn to before me this 30th
day of June, 1943.
Alice C. Dayton
Notary Public, residing at Twin Falls Ida
My commission expires Oct. 22nd 1943
(Seal)

Signed Adelaide Smith Lahue
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
R #2. Kimberly Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of June, 1943.
Alice C. Dayton
Notary Public, residing at Twin Falls Ida
My commission expires Oct. 22nd 1943
(Seal)

Signed Dewitt Lahue
(Signature of Any Credible Person Other Than Previous Year) Father
R #2. Kimberly, Idaho
(Street Address, City, State)

JUL 6 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28-[illegible]15-042-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 442-7th East St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 69637

Registered No. .....

FULL NAME OF CHILD Baby Shatto, Claude

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	3-15-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Shatto	FULL MAIDEN NAME	Clara Chase
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed April 7 1919 W. F. Kibbe Registrar

AUG 26 1964

815-7-217042-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 69638

No. ..... St. — Primary Registration District No. 1085 — Registered No. .....

Hospital Twin Falls Leo.

FULL NAME OF CHILD Elsie Lucile Haines

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Feb. 17 1919

	FATHER	MOTHER
FULL NAME	Hubert H Haines	FULL MAIDEN NAME Elsie Haddell
RESIDENCE	Blue Lakes Blvd Twin Falls Ida R 3	RESIDENCE Twin Falls, Ida Blue Lakes Blvd R 3
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Parnell Mo	BIRTHPLACE Tofia N. C.
OCCUPATION	Farmer	OCCUPATION School teacher

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

Filed 3-23-1919 W. H. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1965

893-11-042-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69639

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No.

No. ..... St. — Primary Registration District No. 1085 — Registered No.

Hospital

FULL NAME OF CHILD ANSEL E. HILL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 11 1917

FATHER		MOTHER	
FULL NAME	Philip T Hill	FULL MAIDEN NAME	Nancy Hawkins
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	69 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-10-1919 W. F. Pike

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 17, 1941. E.W.

691-210-042-845

Child's name added 01-29-08 ns

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. ..... St.

Hospital Boyd

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

69640

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Zelda Antoinette Franklin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		7th	yes	March 10 1919

FATHER		MOTHER	
FULL NAME	Leander Hilyard Franklin	FULL MAIDEN NAME	Ella Rozette Hunt
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	North Carolina	BIRTHPLACE	Colorado.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford S Powell M.D.

(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mar 5 19 19 W. F. Pike.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Alaska } SS
County of Kenai Peninsula

Certificate No. 19-69640
Date Filed 03-15-19

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unnamed Franklin (Name on Original Certificate) who was born (Was Born, Died, etc.) on 03-10-19 (Date of Event)

in Twin Falls (Twin Falls Co) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	unlisted	Zelda
child's middle name	unlisted	Antoinette

Subscribed and sworn to before me this 24th day of January, 2008 Notary Public

Notary Public, Janet E. Hanenberger

Residing at Homer, Alaska 99603

My commission expires (Seal) 5/3/09

Joni Kessler
Signature of Applicant

56850 Bradley Lane
Homer, Alaska 99603 } Residence
Street Address, City, State and Zip

P.O. Box 1554
Homer, Alaska 99603 } Mailing Address

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires (Seal) _____

_____
Signature of Applicant

_____
Street Address, City, State and Zip

01-09-2008

MEDICARE CARD FOR ZELDA A KESSLER DATED 03-01-84 VIEWED BY VS

MARRIAGE SEARCH USA CONFIRMATION PAGE FOR MARRIAGE DONALD R KESSLER AND ZELDA ANTOINETTE FRANKLIN MARRIED SKAMANIA CTY STEVENSON WA DATED 2003 DOM 04-14-54

ID BC 37-250852 FOR AMY ANNE RUTLEDGE BORN 01-06-37 IN POCATELLO (BANNOCK CO) SHOWING MOTHER'S NAME AS ZELDA FRANKLIN

US BANK STMT FOR DONALD R KESSLER AND ANTOINETTE KESSLER DATED 2003

ID DC 07-9583 FOR DONALD ROBERT KESSLER WHO DIED 11-24-07 IN ELLIS (LEMHI CO) SHOWING SPOUSE A ZELDA FRANKLIN VIEWED BY VS

251-122-042-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 5-5-17

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 290 6th ave n St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

696

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Quentin Jarvis Sears

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 22 1919

FATHER		MOTHER	
FULL NAME	Milford P. Sears	FULL MAIDEN NAME	Annabelle Kinder
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa.
OCCUPATION	Barber	OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Mar 31 1919 W. F. Pike
Registrar

613-118-042-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69642

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Wallace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 18 1919

FATHER		MOTHER	
FULL NAME	Guy Wallace	FULL MAIDEN NAME	Madelyn Wynn
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pa	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 19 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Clonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Mar-31-1919 W. F. Pike

Registrar

Registrar

JAN 2 9 1976

433-221-042-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of

No. 1002 Addison Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69643

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD McCarley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mch. 21 1919

FATHER		MOTHER	
FULL NAME	Ulysses F. McCarley	FULL MAIDEN NAME	Lorena J. McCarty
RESIDENCE	Twin Falls Co.	RESIDENCE	Twin Falls Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Arkansas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Idaho.

19

Registrar

Filed Mar. 31 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-109-042-962

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 449 8th Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

63644

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Gale Stuart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	March 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Ralph Stewart	FULL MAIDEN NAME	Jennie Rosender
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Illinois
OCCUPATION	Laborer.	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Idaho

Filed Mar. 31 1919 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1971

643-229-042-[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 69645

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Helen Elizabeth Fuller

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Feb. 29 (Month) (Day) 191 9 (Year)

FATHER

FULL NAME George E. Fuller

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hattie E Manning

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Missouri

OCCUPATION .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4 am M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed 4-2- 19 19 W. F. Pike

Registrar

APR 3 1944

815-21-042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

~~STATE OF IDAHO~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69646

County of Twin Falls Ida,

City of Twin Falls Ida Registration District No. 37 File No.

No. St. Primary Registration District No. 1085 Registered No.

Hospital County

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 16 1917

FATHER		MOTHER	
FULL NAME	Mr Edward James Hauser	FULL MAIDEN NAME	Mrs Bessie Johnson Hauser
RESIDENCE	Jerome Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Detroit Michigan	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-2- 19 19 W. F. Pike Registrar

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH 753-110-042 - 286

BUREAU OF [redacted] STATISTICS

[redacted]

69647

County of Twin Falls

City of " "

Registration District No. 37

File No.

No. 286 B. L. Bvd. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Donald William Petzoldt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 10 1919

FATHER		MOTHER	
FULL NAME	William Cpt Petzoldt	FULL MAIDEN NAME	Lillie Jane Showers
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Filed 4-2-1919 W. F. Pike Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 17, 1941. E.A.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69648

...Falls
...Falls

Registration District No. 37 File No.

...St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Helen ~~Lorraine~~ Lorraine McCracken

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	3 (Month) – 4 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William B McCracken	FULL MAIDEN NAME	Maude A Egan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Sargent Maines	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete M.D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

...19...

Address

Registrar

Filed 3-6-1919 W. F. Pike Registrar

MA[illegible]N RESERVED FOR BIND[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM[illegible]

N. B. In case of more than one child at birth a SEPARATE RETURN mu[illegible] and the number of each, in order of birth stated.

JAN 30 1964

FROM
DEPARTMENT OF PUBLIC
WELFARE
BOISE, IDAHO
Box 2149

andise 3rd or
tter.
be opened for
ion.
aranteed.
Delivered
reason for
urn to us.
xpiration
ess of reason
See amended

Unclaimed [ ] Refused [ ]
Unknown [ ]

To:

IDAHO

253-226-003-539

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

File No. 69649

Primary Registration District No. 2161

Registered No. 19

FULL NAME OF CHILD Gloria Kelly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Teller Kelly	FULL MAIDEN NAME	Maria Amanda Eliason
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 3-28 1919 N R Wallentine

Registrar

Registrar

MAY 16 [illegible]

264-124-003-753

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69650

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 18

FULL NAME OF CHILD Paul Bodily

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	3 (Month) – 24 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Bodily	FULL MAIDEN NAME	Albina Peterson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 3-25 1919 N. R. Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-220-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-9-17

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69651

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 17

FULL NAME OF CHILD Ruth Gorringe

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3-20-191.9

FATHER		MOTHER	
FULL NAME	Elmer Gorringe	FULL MAIDEN NAME	Nancy Carmichael
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. C.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. W. Allentine

Physician (Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-22 1919 W. R. W. Allentine Registrar

AUG 14 1952

369 - 119 - 003 - 653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69652

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 16

FULL NAME OF CHILD ..... Virgil Cornia .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	Yes	3 - 19 - 19

FATHER		MOTHER	
FULL NAME	Enoch Virgil Cornia	FULL MAIDEN NAME	Edna Jane Welch
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) N. R. Wallentine

..... (Physician or midwife)

Address Bancroft

Filed 3 - 29 - 1919 N. R. Wallentine

Registrar

FEB 1 0 1976

869-110-003-386

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bonneville

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69653

Registration District No. 84 File No. .....

Primary Registration District No. 2166 Registered No. 15

FULL NAME OF CHILD Clyde Albert Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	3-10-17

FATHER	MOTHER
FULL NAME Robert Howell	FULL MAIDEN NAME Pamela Thompson
RESIDENCE Bancroft	RESIDENCE Bancroft
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Wallentine

Physician

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-11 19 17 M. P. Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

day of 1919 D75-079

155-210-003-997

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 69654

Primary Registration District No. 2161 Registered No. 14

FULL NAME OF CHILD Lorna Jenkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	3 (Month) — 10 (Day) — 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace Peter Jenkins	FULL MAIDEN NAME	Mary Ann Rigby
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	1	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R W Wallentine

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 3-11 1919 N R W Wallentine
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 2 1972

389-109-003-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69655

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 13

FULL NAME OF CHILD Alma McGee Christensen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	3 — 9 — 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alex McGee Christensen	FULL MAIDEN NAME	Rachel Diana Hogan
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. P. Wallentine

Physician (Physician or midwife)

Address Bancroft

Filed 3 — 9 — 1917 M. P. Wallentine Registrar

155-207-003-314

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2161

File No. 69657

Registered No. 11

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	Yes	3 – 7 1919

FATHER		MOTHER	
FULL NAME	Parley Pratt Jensen	FULL MAIDEN NAME	Florence Ruby Campbell
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. W. Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 3 – 7 1919 N R W Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 0 4 2004

243-106-003-317

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69658

County of Bannock

City of Chesterfield

No. ..... St.

Registration District No. 84 File No. .....

Primary Registration District No. 2141 Registered No. 10

Hospital .....

FULL NAME OF CHILD Newell Butterfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	3-6-19

FATHER		MOTHER	
FULL NAME	Andrew Butterfield	FULL MAIDEN NAME	Eliza Call
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. W. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

....., 19.....

Registrar

Filed May 7, 1919 R. W. Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-211-028-[illegible]

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital [illegible]

Registration District No. 12-6

File No. 69659

Primary Registration District No. 2204

Registered No. 10

FULL NAME OF CHILD Helen Wata Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	June (Month) 11th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward Morris Jones	FULL MAIDEN NAME	Helen Eastman Jones.
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison, Idaho.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa City, Iowa.	BIRTHPLACE	Winnetka, Illinois.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 11 19 at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney Ia D

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed July 1 1919 J M Finney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

APR 1 1949

391-121-028-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69660

County of Kootenai

City of Springston

No. ..... St.

Registration District No. 126

File No. 69523

Primary Registration District No. 2204

Registered No. 4

Hospital

FULL NAME OF CHILD Clarence Leon Crabtree

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	4 (Month) 21 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ross Clyde Crabtree	FULL MAIDEN NAME	Audry Jones
RESIDENCE	Springston Idaho	RESIDENCE	Springston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Murry Nebraska	BIRTHPLACE	Honey Ville Utah.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr 4-19 (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed July 1 1919

J M Finney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-222-028-635

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69661

Registration District No. 124

File No. [illegible]

Primary Registration District No. 2204

Registered No. _____

FULL NAME OF CHILD June Lenore Card

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: June 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert E Card	FULL MAIDEN NAME	Ruth Fletcher
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	Kans
OCCUPATION	Com Sobor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 22-19 at 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J McFinney

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Harrison Ida

Filed July 1 1919 J McFinney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 10 1944

DECEASED

419-121-028-819

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 69662

Registration District No. 124 File No. 3

Primary Registration District No. 2204 Registered No. 9

FULL NAME OF CHILD Ernest R. Martell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 21 1917

FATHER		MOTHER	
FULL NAME	Rufus Martell	FULL MAIDEN NAME	Julia E. Harpe
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Canada	COLOR	White
OCCUPATION	Com Labor	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Iowa
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive June 21-17 at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ramsey

Physician

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 2 1917 J M Ramsey Registrar

S-Y-CO 38071.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 3 1965
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 69662

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Martell (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1919 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	has been omitted	Ernest Rufus Martell

Subscribed and sworn to before me this 2 day of Feb., 1965.

Notary Public, residing at Spokane

My commission expires 1-28-67

(Seal)

Signed X Julia E Andrew
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

W 208 Longfellow Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Feb., 1965

Notary Public, residing at Spokane

My commission expires 1-28-67

(Seal)

Signed X Julia E Andrew
(Signature of Any Credible Person)

W 208 Longfellow
(Street Address, City, State)
Spokane Wash

FORM DH 80-155

one copy pd. 2-17-65. rec. #10210.

Ck. 12-14-64. VM

Statement from Arleda Jakopson, Deputy, Kootenai County, states "The Census Report of 1926, now on file in the Kootenai County Courthouse shows that Ernest R. Martell was listed in the records of School District Number 1, Coeur d'Alene, Kootenai County, Idaho. At that time his age was listed as Seven Years. Census Report: Sept., 1926, taken by J.T Fulton, Dist. Clerk, County Supt.: R.C. Egbers." viewed by V.S.

MAR 18 1965

FEB 6 1973

Cert. Copy of Own Child's Birth Cert., issued March 8, 1957, State of Washington, gives full name of child as William Glen Martell, born Oct. 22, 1939 at Klickitat, Washington to Ernest Rufus Martell and Elva Leota Derscheig - viewed by V.S.

full name added as Ernest R. Martell, 3-18-65.

238-229-025-61

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

CHILD'S FIRST NAME AMENDED 09/17/2014 MH

Registration District No. 105 File No. 44

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD ELIZABETH Elizabeth Petronilla Schaefer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 29 1919

FATHER

FULL NAME John Nicholas Schaefer

RESIDENCE Green Creek Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Wash.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ann Wassmuth

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1919

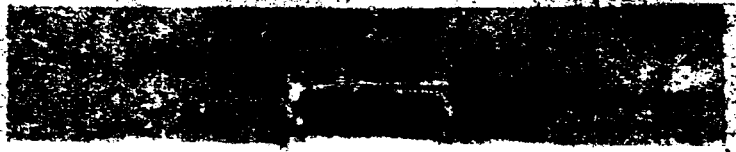
W B Blake Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
SEP - 2 2014

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1919-69663
Date Filed 06/12/1919

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Elisabeth Petronilla Schaefer (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/29/1919 (Date of Event)
in Green Creek (Idaho County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED:	THE RECORD NOW SHOWS:	THE TRUE FACT IS:
Child's First Name	Elisabeth	Elizabeth

Subscribed and sworn (affirmed) to before me this 28th day of August, 2014

Notary Public, Tim S. Simpson
Residing at Clarkston, Washington
My commission expires Sept. 12, 2014

(Seal) TIM S. SIMPSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES SEPT. 12, 2014

Applicant's Signature Elizabeth Nuxoll
Printed Name Elizabeth Petranilla Nuxoll
Street Address 2746 Florence Ct.
City, State, ZIP Clarkston, WA. 99403

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
Residing at _____
My commission expires _____

(Seal)

Applicant's Signature _____
Printed Name _____
Street Address _____
City, State, ZIP _____

1. STATE OF WASHINGTON CERTIFICATE OF LIVE BIRTH #8395 OF MONA LEE NUXOLL BORN ON 03/31/1953 IN CLARKSTON, ASOTIN COUNTY, WASHINGTON SHOWS THE MOTHER'S MAIDEN NAME AS ELIZABETH P. SCHAEFFER, CERTIFICATE WAS FILED ON 04/08/1953, CERTIFICATE WAS ISSUED ON 07/01/1987 - VIEWED BY VS - MH
2. STATE OF IDAHO, COUNTY OF IDAHO MARRIAGE LICENSE ISSUED TO FRANCIS ANTON NUXOLL AND ELIZABETH PETRANILLA SCHAEFER ON 07/10/1942 WHO WERE MARRIED ON 07/14/1942 IN COTTONWOOD, IDAHO COUNTY, IDAHO, MARRIAGE LICENSE AND CERTIFICATE WERE FILED IN THE STATE OF IDAHO, COUNTY OF IDAHO ON 07/15/1942 - VIEWED BY VS - MH

718-222-029-942

PLACE OF BIRTH amended 3/30/81

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69664

County of Latah

City of Troy

Registration District No. 64

File No.

No. St.

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Dorothy June Payne

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	June 22 19 9

FATHER		MOTHER	
FULL NAME	Charles Wm Payne.	FULL MAIDEN NAME	Mary May Rusk.
RESIDENCE	Troy Idaho	RESIDENCE	Johnson Wash.
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Johnson. Wash.
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Hemke

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 26 19 9

C K Hemke

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 29 11 58 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Latah } ss.

Certificate No. 69664
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Dortha June Payne (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-22-19 (Date of Event)

in Troy (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Dortha	Dorothy

Subscribed and sworn to before me this 26TH day of January, 1981.

Notary Public, W. Dale [illegible] Idaho

Residing at Troy, Idaho

My commission expires Continous

(Seal)

x Dorothy June Payne
Signature of Applicant

105 N. Pine - Troy, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1981.

Notary Public [illegible]

Residing at Troy Idaho

My commission expires 5-28-82

(Seal)

Raymond Salvatrom
Supporting Signature

P.O. Box 36 Troy Idaho 83871
Street Address, City, State

Marriage License and Certif from Idaho #181549(county #) gives names as Willard Dyer and Dorothy Payne. dated March 12, 1937. viewed by V. S.

Permanent School recod fromWhitepine School Dist. No. 284 , Idaho gives name as Dorothy Payne dated 1934-1936. viewed by V. S.

652-101-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 64 File No. 69665

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Glen Hading Westburg

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	5	yes	~~[illegible]~~ 1 (Month) (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Westberg	FULL MAIDEN NAME	Ella Johnson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed ~~May~~ 6/ 1919 C K Henkle

Registrar

Registrar

AUG 1 4 1957

493-101-042-743

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form

CERTIFICATE OF BIRTH

Registration District No. 38 File No. _____

Primary Registration District No. 2086 Registered No. _____

FULL NAME OF CHILD [redacted] Carl Clair Miller

Sex of Child B. | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 6 / _____ 1919 (Month) (Day) (Year)

FATHER

FULL NAME C. K. Miller

RESIDENCE Filer

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Guthrie

RESIDENCE Filer

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ill

OCCUPATION Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ (Born alive or Stillborn) at 11:30 P. M. on the date above stated.

(Signature) Dr. A. A. Strawberry

(Physician or midwife)

Address Filer Idaho

Filed 6/1/19 Dr. A. A. Strawberry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. Karl Miller 19 19

W. S. Murphy Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

296-113-042-819

PLACE OF BIRTH

Form V. S. No. [illegible]—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 69667

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Paul Cather Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B.		Yes	6 13 1919

FATHER		MOTHER	
FULL NAME	Loomis H. Brown	FULL MAIDEN NAME	Blanche Harris
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Hurfe

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 11:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Dr. A. A. Newberry
(Physician or midwife)

Address Filer Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 6/13 1919 Dr A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1976

413-129-042-867

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69668

County of Twin Falls

City of Filer

Registration District No. 38

File No.

No. St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Marion Slattery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B			yes	4 29 1919

FATHER		MOTHER	
FULL NAME	John Slattery	FULL MAIDEN NAME	Mary Hogan
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	S. Dak	BIRTHPLACE	Chicago
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/29 1919 Dr. A. A. Newberry

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-203-042-457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 69669

No. ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	6 3 19 9

FATHER		MOTHER	
FULL NAME	V. A. Allison	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION		OCCUPATION	Hurle

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 6/13 19 19 Dr. A A Newberry

Registrar

S-Y-CO 38071

[redacted]RTH

[redacted]ewenah

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69670

City of Plummer
433-216-005-819
No. ✓ St.

Registration District No. 46

File No.

Primary Registration District No. 2123

Registered No. 68

Hospital ✓

Full Name of Child Clara Mae McCartney

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Gen	✓ (To be answered only in event of plural births)		Yes	6-16-19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Eli McCartney	FULL MAIDEN NAME	Edith Lillian Harvey
RESIDENCE	Plummer Idaho	RESIDENCE	Plummer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Sheldahl, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Eli McCartney

(~~Physician or midwife~~) Father

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 6/30 1919

Registrar

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and th[illegible] of each, in order of birth stated.

JUL 1 7 1969

759-128-026-717

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

County of Jefferson

City of Hamer

Registration District No. 125 File No. 69671

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Laurence Alden Perkins

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth) | Legitimate? Yes | Date of Birth: June (Month) 28 (Day) 1917 (Year)

FATHER

FULL NAME: Charles A Perkins

RESIDENCE: Hamer Idaho

COLOR: White AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Canada

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elsie E Page

RESIDENCE: Hamer Idaho

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Vermont

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 11:25 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Rubens Idaho

Filed June 25 1917

C E Jones M D Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

533-223
017-249

PLACE OF [redacted]

Amended 6/21/78

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Dr. Jones

Registration District No. 125

File No. 69672

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD Donna Mae Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William A Ellis	FULL MAIDEN NAME	Mayme Burns
RESIDENCE	~~White~~ Dubois Idaho	RESIDENCE	Dubois Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dubois Idaho	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 23 1917 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAY 23 9 32 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Clark

Certificate No. 69672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Ellis (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1919 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge and church records (Bible Record, Insurance Policy, Etc.) prepared on 6-7-31 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Donna Mae Ellis

Subscribed and sworn to before me this 3rd day of May, 1978

Notary Public, residing at Dubois, Idaho
My commission expires 3-1-1981
(Seal)

Signed Rhea A. Warner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dubois, Idaho 83423
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1978

Notary Public, residing at Dubois, Idaho
My commission expires 3-1-1981
(Seal)

Signed
(Signature of Any Credible Person)

Box 24
(Street Address, City, State)
Dubois, Idaho 83423

FORM DH 60-155

CL sent 3/31/78 1 copy paid rec. 421 (copy sent as is)

Certificate of Membership from the LDS Church gives xxxxxxxx name as Ellis Mayme Harris Burns. born to Robert G. Burns and Annie Elizabeth Harris. child's name as Donna Mae Ellis born June 23, 1919 at Dubois, Idaho. fahter'sname as William Arthur Ellis. viewed by V. S.

JUN 22 1978

Certif of Baptism from the LDS Church gives name as XXXX Donna Mae Ellis son of Wm. A. Ellis and Mayme Burns. born June 23, 1919 at Dubois, Idaho. Baptized on June 6, 1931. viewed by V. S.

942-118-017-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Form V. S. No. M-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69673

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD James Arthur Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 18 1917

FATHER		MOTHER	
FULL NAME	James G Russell	FULL MAIDEN NAME	Nellie W Quigley
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	R R Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed June 25 1917

C E Jones MD Registrar

74

253-207-017-313

Form V. S. No. 11-C—Rev. 6-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Dubois

Amended 3-25-81

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 125

File No. 69674

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD June Ruth Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 7 1917

FATHER		MOTHER	
FULL NAME	Clarence B Keller	FULL MAIDEN NAME	Marguerite L Cattanach
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Providence R I
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed June 7 1917 C E Jones M D

Registrar

10-29-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
'81 JAN 12 5 57 PM

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 69674
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Keller (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 7, 1919 (Date of Event)

in Dubois, ID (Clark) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	June Ruth Keller

Subscribed and sworn to before me this 29th day of January, 1981.

Notary Public, Kim Nelson

Residing at Spokane

My commission expires 8/83

(Seal)

June R Kagan
Signature of Applicant

Rt 2 Box 146 G Spokane Wa
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

School Record issued by Springdale High, Springdale, Wash. gives name as June Ruth Keller, born Spencer, Idaho, June 7, 1919. Age 14 Sept 1933 - Freshman. Parents Clarence Keller and Sarah Marguerite Cattack

Viewed by V.S.

MAR 30 1981

Family record gives name as June Ruth Keller born 6-7-1919, Spencer, Ida to Clarence Keller and Marguerite Cattanach. Old record

Viewed by V.S.

249-102-017-791

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

63675

Registration District No. 125 File No. .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur T Burnside	Myrtle G Gray
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Utah	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3:07 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed June 2 1917 C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ACE OF CHIP

239-112-009-239

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69676

County of Banner.....

City of ...ClarksFork.....

No.....St.

Hospital.....

Registration District No. 80

Primary Registration District No. 2457

File No.....

Registered No. 26

FULL NAME OF CHILD William. Eugene. Stroud.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	June 12th 1919.

FATHER	MOTHER
FULL NAME: Hugh. Lloyd. Stroud.	FULL MAIDEN NAME: Frankie. May. Stroud.
RESIDENCE: ClarksFork. Ida.	RESIDENCE: ClarksFork. Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Arkansas.	BIRTHPLACE: Nebraska.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 10-30 A.M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Larson

(Physician or midwife)

Address ClarksFork. Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 6-26 1919 John Larson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855 4/19 [illegible]

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1504

File No. 69677

Registered No. 190

FULL NAME OF CHILD Linder George Henke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	6 19 19

FATHER		MOTHER	
FULL NAME	Walter E. Henke	FULL MAIDEN NAME	Prudy Linder
RESIDENCE	109 So 5th	RESIDENCE	109 So 5th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mont.	BIRTHPLACE	Idaho
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Pittenger
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Overland Bldg.

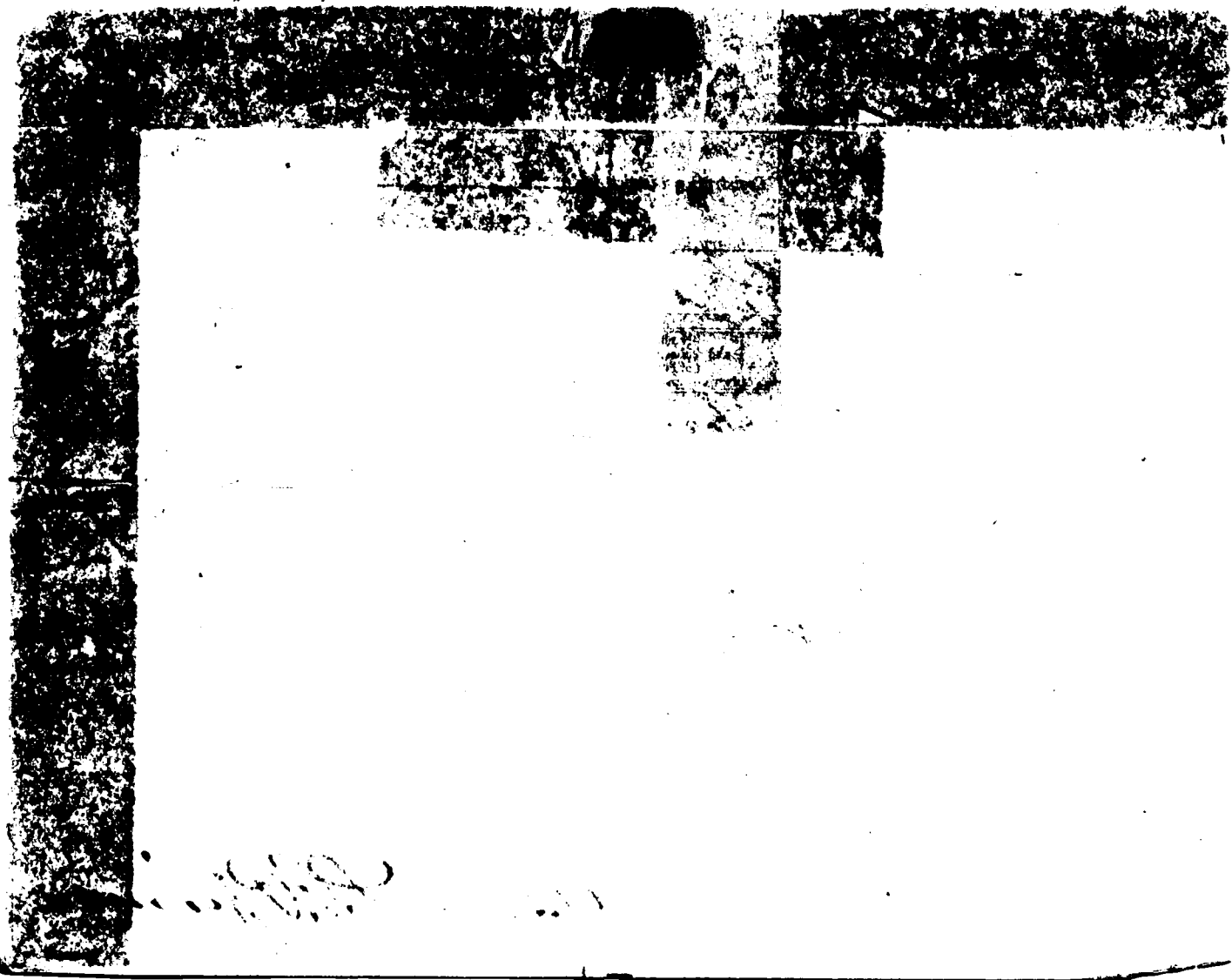
Filed 6/20 1919 L. P. Freeman
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



533-117-001-583

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69678

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 191

FULL NAME OF CHILD Geo Alexander Ettles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Ettles	FULL MAIDEN NAME	Joan N. Nyte
RESIDENCE	Mayfield Ida	RESIDENCE	Mayfield Ida
COLOR	white AGE AT LAST BIRTHDAY 26 (Years)	COLOR	white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 58 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Ida

Filed 6/23 19 L. P. Foman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1942

218-214-001-314

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2313 N 20 St.

Registration District No. 2 File No. 69679

Primary Registration District No. 1004 Registered No. 192

Hospital

FULL NAME OF CHILD Jeannette Mae Saxton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	June 14 1919

FATHER		MOTHER	
FULL NAME	Claude A Saxton	FULL MAIDEN NAME	Celesta Tautfest
RESIDENCE	2313 N 20	RESIDENCE	2313 N 20
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ore	BIRTHPLACE	Wash.
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Idaho

Filed 6/23 1919 L. A. Herman

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1960

APR 1 1970

JUN 1 19

519-223-001-695

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69680

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 193

FULL NAME OF CHILD Elizabeth Burns Earle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6 (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Paul B. Earle	FULL MAIDEN NAME	Margaret F. Winstead
RESIDENCE	810 N. 14th, Boise	RESIDENCE	810 N. 14, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise, Idaho

Filed 6/24 1919 L. B. Foreman Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1972

514-220-001-569

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69681

County of Ada

City of Boise

No. — St.

Hospital St. Luke's

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 194

FULL NAME OF CHILD Lois Virginia Nadeau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 - 20 - 1919

FATHER		MOTHER	
FULL NAME	N. Nadeau	FULL MAIDEN NAME	Emma M. Nordmark
RESIDENCE	Quartsburg, Idaho	RESIDENCE	Quartzburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 6/24 1919 L. P. Pfirman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 25 1950

DECEASED

696-121-001-669

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69682

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 195

Full Name of Child Norvin Wroughton

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
male			yes	June 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton W Wroughton	FULL MAIDEN NAME	Cliola E. Foreman
RESIDENCE	Grand View Ida	RESIDENCE	Grand View Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nelson Nebraska	BIRTHPLACE	Castle Creek Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Idaho

Filed 6/24 1919 L. P. Foreman

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 1960

DECEASED

695-207-001-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69683

County of Ada

City of Boise

No. ——— St.

Hospital St. Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 196

FULL NAME OF CHILD Wilma Ruth Wing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 - 7 - 1919

FATHER		MOTHER	
FULL NAME	A. G. Wing	FULL MAIDEN NAME	Leonette M. Jones
RESIDENCE	Star, Idaho	RESIDENCE	Star, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 6/24 1919 L. P. Forman
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 6968

County of [illegible]

City of Boise

255-224-001-753

No. ..... St.

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 197

Hospital St. Alphonsus

FULL NAME OF CHILD Anna Leora Benson

Sex of Child Fe.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 6/24 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Edward G. Benson	FULL MAIDEN NAME	Leora Peters
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	N. Dak.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pitting Ex

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Overland Bldg.

Filed 6/26 1919 [illegible] Registrar

Registrar

S-Y CO. 24655

DECEASED

662-112-001-312

PLACE OF BIRTH

Amended 6-19-58

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. 69685

Hospital ..... Primary Registration District No. 1004 Registered No. 198

FULL NAME OF CHILD TRAVIS VERN FOSTER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 12 19

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Vern Foster	FULL MAIDEN NAME: Otha Bell Cassidy
RESIDENCE: 1222 Lincoln	RESIDENCE: 1222 Lincoln
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa City, Iowa	BIRTHPLACE: Miss.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Goodfirend

(Physician or midwife)

Address Empire Bldg.

Filed 6 28 19 19 L. P. Pfirman

Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69685

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vernon Travis Foster (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1919 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) Sept. 16, 1946 prepared on 1942 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's first name	Verne	Vern
Usual residence	1216 Lincoln	1222 Lincoln
Child's name	VernonTravis Foster	Travis Vern Foster

Subscribed and sworn to before me this 18 day of June, 19 56.
Margaret Lawrence
Notary Public, residing at Boise, Idaho
My commission expires 2/4/60
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Otha Bell Foster
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of June, 19 56.
Margaret Lawrence
Notary Public, residing at Boise, Idaho
My commission expires 2/4/60
(Seal)

Signed Georgia L Johnson
(Signature of Any Credible Person)
1214 Lincoln Boise
(Street Address, City, State)

FORM DPH 55. 155

433-119-001-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 811 Jay St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69686

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 199

FULL NAME OF CHILD Richard Arnold McCurdy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2	yes	6-19 1919

FATHER		MOTHER	
FULL NAME	F. E. McCurdy	FULL MAIDEN NAME	Gladys Smith
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Laborer (Warehouse)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

Address

Filed 6/28 1919 [signature]

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

AUG 5 1943

MAY 2 9 1974

791-215-001-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69687

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

Registration District No. 2 File No. _____

Primary Registration District No. 1004 Registered No. 159

FULL NAME OF CHILD Betty Luella Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 — 15 — 1919

FATHER	MOTHER
FULL NAME: Ralph S. Graham	FULL MAIDEN NAME: Luella Baker
RESIDENCE: R. D. Meridian, Idaho	RESIDENCE: R. D. Meridian, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

(Signature) J. N. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 6/13 1919 L. B. Thomas Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____ Registrar

S-Y-CO 38071

NOV 24 1961

255-203-001-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ..... Ida

City of ..... Boise

No. ..... St.

Hospital ..... St Alphonsus

Registration District No. ..... 2 ..... File No. 69688

Primary Registration District No. ..... 1004 ..... Registered No. 182

FULL NAME OF CHILD ..... Ubrica Evelyn Beebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Beebe	FULL MAIDEN NAME	Josephine Fogarty
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... at ..... 1 a ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ..... Marvin H Tallman

..... M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address ..... Boise Idaho

..... Registrar

Filed ..... 6/16 ..... 1919 ..... L P Hermon
Registrar

AUG 13 1945

JUN 23 1942

RELEASED 10-5-05
ID
03-7395

413-106-001864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 69689

Primary Registration District No. 1004 Registered No. 180

FULL NAME OF ~~CHILD~~ Richard Kenneth Malstrom

Sex of Child: Male	~~Twin Triplet~~ or other? 8 and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: May 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elias W. Malstrom	FULL MAIDEN NAME	Lizzie Hodge
RESIDENCE	2501 Heron	RESIDENCE	2501 Heron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [illegible]

Filed 6/16 1919 L. [illegible]

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 69689

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Kenneth Malstrom (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 3, 1919 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Kenneth Malstrom	Kenneth Richard Malstrom
Date of Birth	May 3, 1919	May 6, 1919

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 15 1944

356-207-001-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6969

County of Ada

City of Boise

No. 1939 N. 17th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 178

FULL NAME OF CHILD Wanda Elaine Leonard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	5 (Month) — 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. E. Leonard	FULL MAIDEN NAME	Zelica Gilliland
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ohio
OCCUPATION	motorman	OCCUPATION	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 6/13 1919 L. Firman
Registrar

Registrar

S-Y CO. 24655

DEC 12 1942

899-225-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69691

County of Ada

City of

No. 618 Franklin St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 175

FULL NAME OF CHILD Virginia Juanita Yriondo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rupert Yriondo	FULL MAIDEN NAME	Juanita Youssa
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 6/2 1919

L. P. Jerman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 31 1964

JUL 26 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-15

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

595-117-001-415

County of Ada

City of Boise

No. 517 N-5 St.

Hospital

Registration District No. 2

File No. 69692

Primary Registration District No. 1004

Registered No. 174

FULL NAME OF CHILD Hopper. Charles Vincent

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	5 (Month) 17 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hopper. Grover Cleveland	FULL MAIDEN NAME	Waddell Mary
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	La Grande - Ore.	BIRTHPLACE	Gooding, OR
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Germany

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 317 - Idaho Bldg

Filed 6/5 1919 L P Pferman

Registrar

Registrar

S-Y-CO 38071

Form V.S. No. 11-C—[illegible]

[illegible]AHO

8 / 4

493-120-001-168

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69693

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke

Registration District No. 2

File No. _____

Primary Registration District No. 1004

Registered No. 172

Full Name of Child Johnston Milton Mitchell

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 5 (Month) 20 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Kenneth Mitchell	FULL MAIDEN NAME Mary Jane Johnston
RESIDENCE 1403-N-10.	RESIDENCE 1403-N 10.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kankankee	BIRTHPLACE St. Paul
OCCUPATION Merchant	OCCUPATION House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 ¾ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/5 1919 L. Thomas

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1965

DEC 5 1973

249-117-001-291

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69694

County of Ada

City of Boise

No. ..... St.

Registration District No. 8 File No. .....

Primary Registration District No. 1004 Registered No. 170

Hospital St. Alphonsus

Full Name of Child Francis Smith

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 5 (Month) 17 (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Burton H. Smith	FULL MAIDEN NAME Kathern L. Brady
RESIDENCE 719 Hays	RESIDENCE 719 Hays
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Ill	BIRTHPLACE Nevada
OCCUPATION Clerk	OCCUPATION House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/5 1919 L. R. Hoffman Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19

857-104-001-253

Form V. S. No. 11-C—Mm-9-6-47

PLACE OF BIRTH

County of Ada

City of

No. 1116 Idaho St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 69695

Primary Registration District No. 1004 Registered No. 168

FULL NAME OF CHILD Francis Henry Yegge Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 4th 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis H. Yegge	FULL MAIDEN NAME	Loretta Bell
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Corral Iowa	BIRTHPLACE	Fonda Iowa
OCCUPATION	Dist Traffic Chief, Telephone Co	OCCUPATION	House cup

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla, MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 6/6 1919 L. P. Forman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

174-123-001-174

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 619 Grove *St.*

Hospital

Registration District No. 2 **File No.** 69696

Primary Registration District No. 1004 **Registered No.** 167

FULL NAME OF CHILD Emilio Aguirre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Francisco Aguirre	FULL MAIDEN NAME	Dionicia Aguirre
RESIDENCE	619 Grove Street	RESIDENCE	619 Grove Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Gorocique Spain	BIRTHPLACE	Ybarruri Spain
OCCUPATION	Sheep men	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6/6 1919 L P Pferman

..... *Registrar* *Registrar*

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1944

DEC 13 1944

DEC 5 1974

365-120-001-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69697

County of Ada

City of

No. St.

Hospital St. Alphonsus

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 166

FULL NAME OF CHILD Rose Mary Long

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	May (Month) 20 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A Long	FULL MAIDEN NAME	Mary Grace Gillespie
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	New Brunswick, Canada	BIRTHPLACE	Aldrich, Minn.
OCCUPATION	Supt. Logging Dept. Boise-Payette Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Registrar

Filed 6/6 1919 L. D. Forman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1970

AUG 1 8 1943

154-126-001-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 814 N. 13 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69698

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 164

FULL NAME OF CHILD Walter Frederick Andersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May (Month) 26 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Fred C Anderson	FULL MAIDEN NAME	Lulu G. Getts
RESIDENCE	814 N 13th	RESIDENCE	814 N 13th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Wisconsin
OCCUPATION	merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 6/4 1919 L. H. Herman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-220-001-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69699

County of Ada

City of Boise

Registration District No. 8 File No.

No. St.

Primary Registration District No. 1004 Registered No. 162

Hospital

FULL NAME OF CHILD JOYCE ESTHER CAMPION

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	yes	apr 20 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Campion	Alice Davis
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Beaver crossing Neb=	Bachtel Ohio
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. E. Campion M.D.

(Physician or midwife)

Address Boise Idaho

Filed 6/12 1919 H. L. Forman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 69699
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Joyce Esther Campion (Name on original certificate) who was born (Was born or died) on April 20th 1919 (Date of event)
in Boise, Idaho (Place of event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Campion	Joyce Esther Campion

Subscribed and sworn to before me this Tenth
day of January, 1942

William H. Trostler
Notary Public, residing at 11202 S Main St LA
My commission expires August 15th., 1943
[SEAL]

Signed Alice May Campion
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10605½ Avlon Blvd. L. A. Cal.
(Street Address, City, State)

WILLIAM H. TROSTLER
NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires August 15, 1943

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Tenth
day of January, 1942

William H. Trostler
Notary Public, residing at 11202 S Main St LA
My commission expires August 15th., 1943
[SEAL]

Signed Herman Campion
(Signature of any credible person other than the previous affiant.)

10605½ Avlon Blvd. L. A. Cal.
(Street Address, City, State)

Received for filing on JAN 13 1942 By
(Registrar's signature)

STATE OF IDAHO
[illegible] STATISTICS
[illegible]

69700

City of .....

No. 1419 N. 13 St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 181

FULL NAME OF CHILD Gerald Franklin Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey F Smith	FULL MAIDEN NAME	Mattie C Bowman
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 7 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Taleman

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed May 1919

L. P. [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 794-105 001-613

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69701

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 183

Full Name of Child Arlos Earnest Pruett

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH June 5 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Jackson L. Pruett	FULL MAIDEN NAME Mary Fackrell
RESIDENCE 503 S-14 St Boise Ida	RESIDENCE 503 S. 14 St Boise Ida
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Mississippi	BIRTHPLACE Arizona
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Address 417 Overland Bldg Boise Ida

Filed 6/19 1919 L. P. Pfirman

Registrar

Registrar

MAY 1

VIRGINIA RESERVED FOR BIRTHS

852-105-001-168

PLACE OF BIRTH

Form V. S. No. 11-G—Mar-6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69702

County of Ada

City of Boise

No. 521 South 15 St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 184

FULL NAME OF CHILD Jack Wilford Hessing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	O. J. Hessing	FULL MAIDEN NAME	Hope Johnson
RESIDENCE	521 South 15	RESIDENCE	521 S - 15 -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Bouck

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed 6/17 1919 L. H. Roman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-212-001-253

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1908 W. State St.

Hospital

Registration District No. 2

File No. 69703

Primary Registration District No. 1004

Registered No. 185

FULL NAME OF CHILD Margery Laverne McKinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes.	June 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. McKinney	FULL MAIDEN NAME	Alpha Laverne Dell
RESIDENCE	1908 West State	RESIDENCE	1908 West State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Stationary fireman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Ida

Filed 6/17 1919 L. E. Freeman
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 10N

JUN 22 1983

614-209-001-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69704

County of .....

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 1079

FULL NAME OF CHILD Faull Mary Virginia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Faull, Thomas	FULL MAIDEN NAME	Newell, Flora
RESIDENCE	Horse Shoe Bend	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Quartzburg, Ida	BIRTHPLACE	Star, Ida
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Gennoney

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address 317 Ida. Bldg

Filed 6/17 1919 L. P. Thoman

Registrar

Registrar

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-123
001-253

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69705

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 173

Full Name of Child MORGAN GREGORY BECK

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH May 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Morgan Beck	FULL MAIDEN NAME	Cora Sellers
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise Ida

Filed June 2 1919 L F Forman

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 69705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Chandler Morgan Beck (Name on Original Certificate) who was born (Was Born or Died) on May 23- 1919 (Date of Event) in Boise (Place of Event) are erroneous or ~~were omitted~~, and that, to the best of his knowledge, the true facts are shown by School enrollment (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ Sept. 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Chandler Morgan Beck	Morgan Gregory Beck

Subscribed and sworn to before me this 7th day of March, 1942

Notary Public, residing at Caldwell Idaho

My commission expires May 19 1945
(Seal)

Signed Cora A. Beck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1501 Blaine St. Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1942

Notary Public, residing at Caldwell Idaho

My commission expires May 19, 1945
(Seal)

Signed Ed Beck
(Signature of Any Credible Person Other Than Previous Year)

1501 Blaine St. Caldwell Idaho
(Street Address, City, State)

PLACE OF BIRTH

County of Ada

City of Boise

No. 384-213-001-255 St.

Hospital St. Luke's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 171

Full Name of Child DOROTHY VIRGINIA LYDAY

SEX OF CHILD: Girl	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 5 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Gile Forest ~~Liday~~ LYDAY	FULL MAIDEN NAME	Mamie Snell
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	So. Dak.
OCCUPATION	Blacksmith.	OCCUPATION	House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

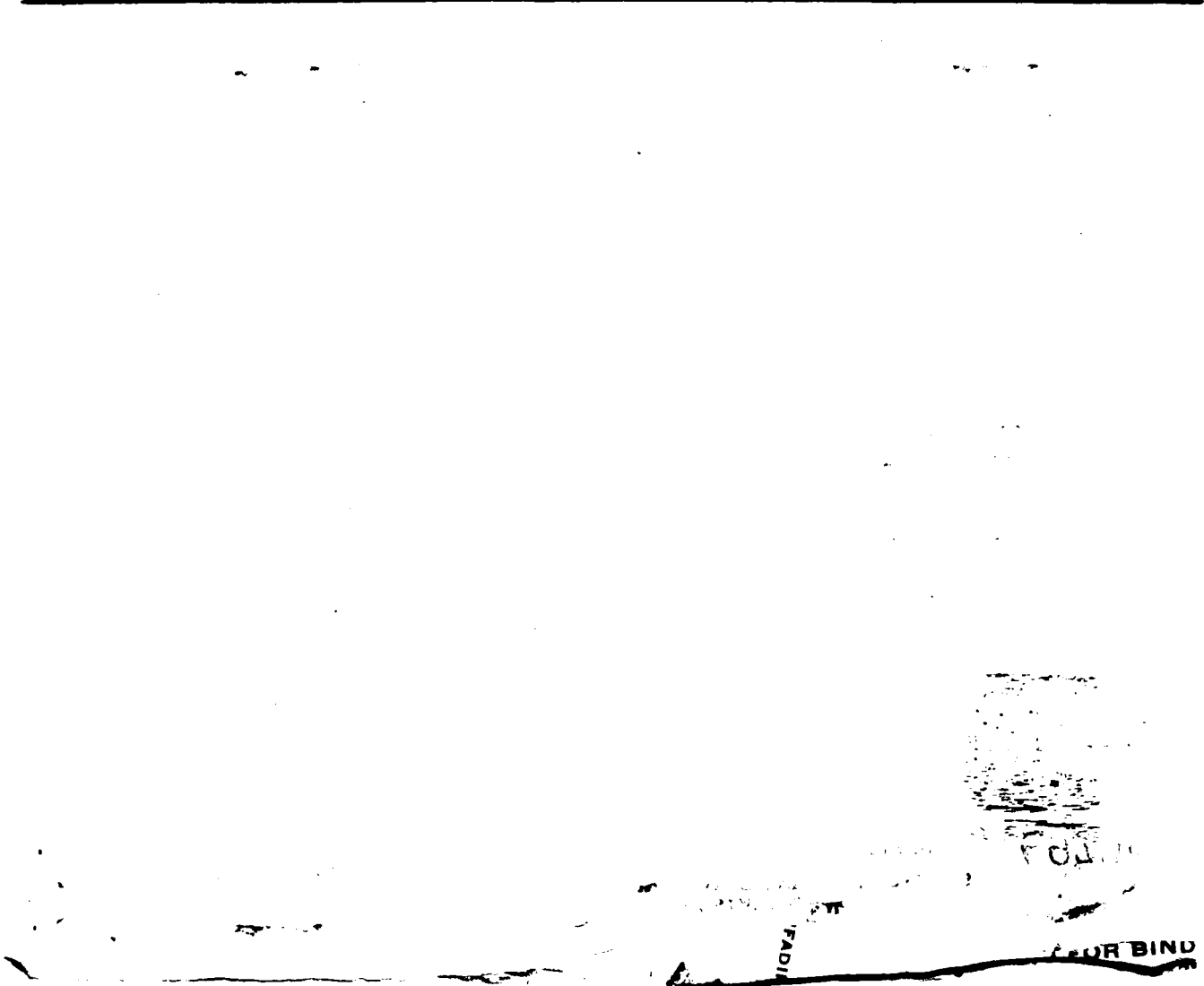
Address .....

Filed 6/5 1919 L. P. Hyman

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... PERMANENT RECORD



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 69706

State of Washington } ss.
County of Walla Walla }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Dorothy Virginia Lyday who born (Was Born or Died) on 13 May 1919 (Date of Event)
(Name on Original Certificate)
in Boise Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Liday	Lyday
Name	Unnamed	Dorothy Lyday

Subscribed and sworn to before me this 26th day of July, 1942.

Hazel M. Conant
Notary Public, residing at Walla Walla

My commission expires 4-1-45
(Seal)

Signed Mae Lyday
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

414 N. Palouse Walla Walla Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Walla Walla }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1942.

Hazel M. Conant
Notary Public residing at Walla Walla

My commission expires 4-1-45
(Seal)

Signed Mrs F. M. Brennan
(Signature of Any Credible Person Other Than Previous Year)

579 E 2nd Ave. Walla Walla W.N.
(Street Address, City, State)

JUL 28 1942

JUL 2 9 1942

814-122-001-993

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69707

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's.

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 169

Full Name of Child Harmon Richard Hamming

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes,	5 22 1919

FATHER		MOTHER	
FULL NAME	Renze Hamming.	FULL MAIDEN NAME	Clessie Richardson.
RESIDENCE	R. F. D. No IV	RESIDENCE	R. F. D. No IV
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Holland.	BIRTHPLACE	Kansas.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/5 1919 L. R. Harmon

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of.....
County of..... } ss.

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for ..... (Name on Original Certificate) who..... (Was Born or Died) on ..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

APR 6 1945

795-202-001-791

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69708

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 165

FULL NAME OF CHILD Margaret Sue ~~Pinneo~~ PINNEO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas ~~Pinneo~~ PINNEO	FULL MAIDEN NAME	Bella Grant
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan
OCCUPATION	clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. H. Parker

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Ida

Filed 6/7 1919 L. P. Lyman

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1969

AFFIDAVIT

OCT 8 1949

This is to certify that Margaret Sue Pinneo and Margaret Sue Pineo, as shown on birth certificate, are one and the same person, and that the correct spelling of the name is "Pinneo."

Chas A Pinneo

Chas. A. Pinneo, Father

Subscribed and sworn before me this 13th day of February 1942

[illegible]

OCT 8 1945

SEP 1 8 1969

996-102-001-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69709

County of Ada

City of Boise

Registration District No. 2 File No.

No. ——— St.

Primary Registration District No. 1004 Registered No. 163

Hospital St Alphonsus

FULL NAME OF CHILD Billie Crawford Rife

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	6 — 2 — 1919

FATHER		MOTHER	
FULL NAME	O. L. Rife	FULL MAIDEN NAME	J. Luella Townsend
RESIDENCE	Garden Valley, Idaho	RESIDENCE	Garden Valley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.

(Physician or midwife)

Address Boise, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/9 19 19

Registrar

8-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

MAR 7 1974

249-230-001-313

PLACE OF BIRTH
Amended 9-11-75

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. Franklin School

Registration District No. 2

File No. 69710

Primary Registration District No. 1004

Registered No. 161

Hospital

FULL NAME OF CHILD Geraldine May Burns

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2nd	yes	May 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard L Burns	FULL MAIDEN NAME	Bessie A Callahan
RESIDENCE	Boise	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Indiana North Vernon	BIRTHPLACE	Altruas Co Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Cannon

Phys & Surg (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed 6/12 1919 L C Lyman

Registrar

S-T-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 10 51 AM '75

tate of ..... } ss.
ounty of ..... }

Certificate No. 69710

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
ir May Gereldine Burns who was born on May 30, 1919
(Name on Original Certificate) (Was Born or Died) (Date of Event)
Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, tl
(Place of Event)
ue facts are shown by ..... prepared on ....., ar
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	May Gereldine Burns	Geraldine May Burns

ubscribed and sworn to before me this 11th day of
September, 1975.
Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

X Signed June Maloney
(Signature of parent or attendant if correcting a birth re
ord; of attendant, funeral director, informant if correcti
a death record; or other credible person)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

tate of ..... } ss.
ounty of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that the
e true to the best of his knowledge.

ubscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

ORM DH 60-15 CL 9/2/75 inoffice

Bible given to Geraldine May Burns when a small child gives name correctly spelled. Bible obviously old.
Viewed by V.S.

SEP 2 3 1975

Certificate of Marriage issued by the state of Washington County of Franklin gives name of bride as Geraldine Burns married to Joe Thula. Rev. John Nolt, Officiating.
Viewed by V.S

SEP 1 1 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 296-107-001-942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 69711

No. ——— St.

Primary Registration District No. 1004

Registered No. 160

Hospital St. Luke's

FULL NAME OF CHILD William Alexander Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) - 7 (Day) - 1919 (Year)

FATHER		MOTHER	
FULL NAME	James L. Brown	FULL MAIDEN NAME	Olive E. Russell
RESIDENCE	Grandview, Idaho	RESIDENCE	Grandview, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Washington
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise, Idaho

Filed 6/13 1919 L. P. Pfromm

Registrar

S-Y-CO 38071

[redacted] 249-110-238-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

Registration District No. _____ File No. 69714

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Edwin Arthur~~ ARTHUR LYLE Grischkowsky

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 10, 1919

FATHER	MOTHER
FULL NAME Louis Grischkowsky	FULL MAIDEN NAME Lydia Blind
RESIDENCE Fruitland	RESIDENCE Fruitland
COLOR white	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Russia	COLOR white
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Russia
	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 a M. on the date above stated.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address Fruitland Idaho

Filed June 10 1919 C. C. Paxton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

JAN 20 1942

Certificate No. 69714

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Arthur byle Grischkowsky (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 10, 1919 (DATE OF EVENT)
in Fruitland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Edwin Arthur Grischkowsky	Arthur Lyle Grischkowsky
mother's name	Lydia Bind	Lydia Blind

Subscribed and sworn to before me this 19th day of January, 19 42

Helen F. Quinn

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

(SEAL)

Signed Louie Grischkowsky

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Payette, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January, 19 42

Helen F. Quinn

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

(SEAL)

Signed E Z Brown

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Payette, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN By

(REGISTRAR'S SIGNATURE)

JUN 24 1942

789-205-043-36

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Valley

City of Log Camp

Registration District No. 15

File No. 69717

No. ..... St.

Primary Registration District No. .....

Registered No. 207

Hospital .....

FULL NAME OF CHILD Betty June Phipps

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm.		yes	6 5 1919

FATHER		MOTHER	
FULL NAME	Wm Phipps	FULL MAIDEN NAME	Fanny Cox
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Logger	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle

Phys

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Cascade Ida

Filed 7-9 1919 M M McDonald Sept

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 13 1959
MAY 15 1973

DECEASED

854-130-043-281

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

69718

County of Valley

City of Cascade

Registration District No. 15

File No.

No. ..... St.

Primary Registration District No.

Registered No. 204

Hospital

FULL NAME OF CHILD Fred - E Herring

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	5 30 1919

FATHER		MOTHER	
FULL NAME	R. E. Herring	FULL MAIDEN NAME	Grace Shanks
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Agent O.S.L.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Knoggle

Phys (Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

..... 19.....

Filed 7-9 1919 Mary R M Darda Registrar

Registrar

S-Y CO., 16869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6-18-41 G. J.

365-103-043-255

PLACE OF BIRTH

Form V. S. No. 11-10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Valley

City of Ranch

Registration District No. 15

File No. 69719

No. ....., ... St.

Primary Registration District No. .....

Registered No. 205

Hospital .....

FULL NAME OF CHILD Ivan Wesley Conyers

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	6 3 1919

FATHER		MOTHER	
FULL NAME	V M Conyers	FULL MAIDEN NAME	Delia Beers
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Maggle

Phys (Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

..... 19.....

Filed 7-9- 1919 [illegible] Registrar

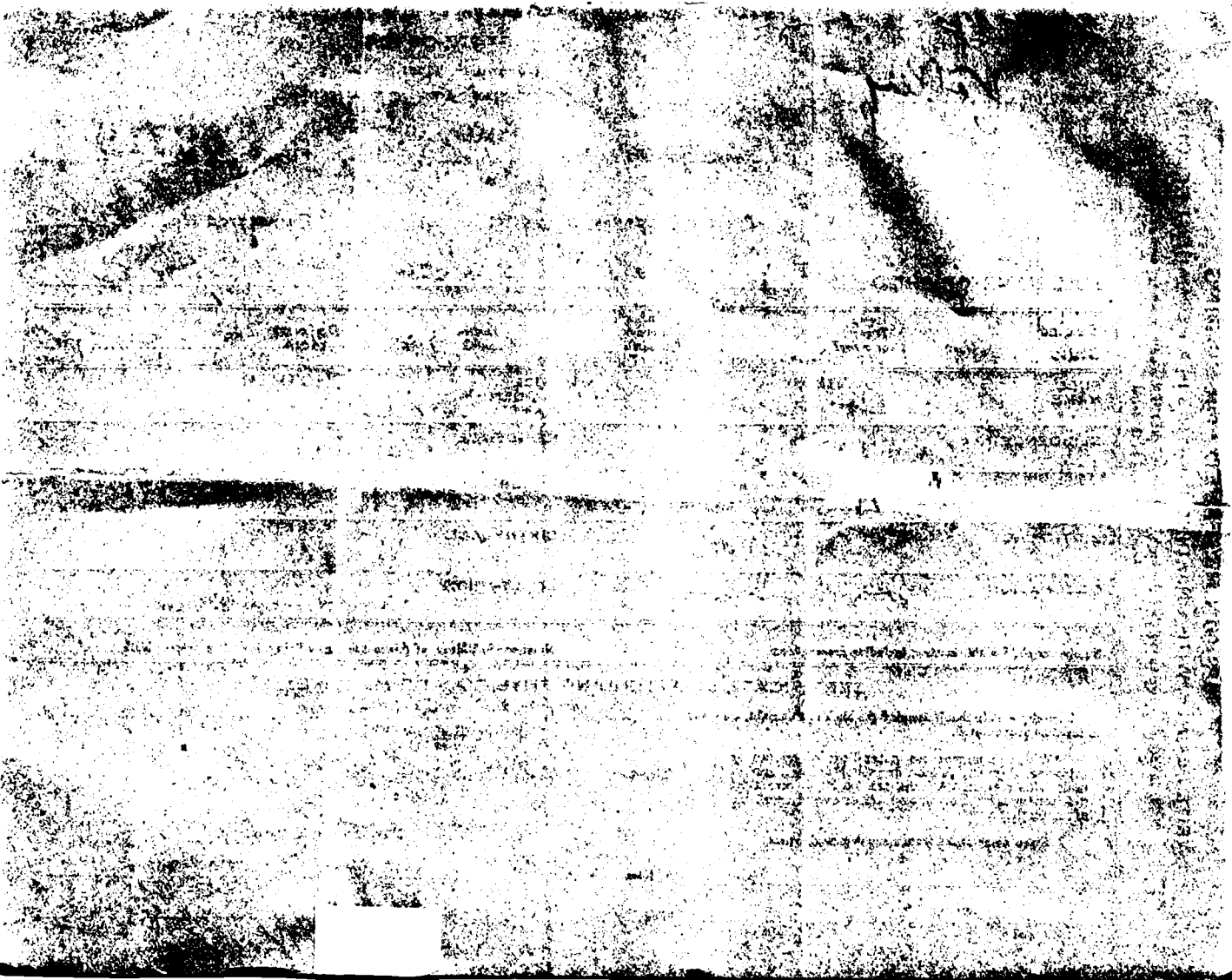
..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



413-112-043-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69720

County of Bonneville

City of Norwood

Registration District No. 15

File No.

No. St.

Primary Registration District No.

Registered No. 204

Hospital

FULL NAME OF CHILD Ivan Joel Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				June [redacted] 1919

FATHER	MOTHER
FULL NAME: Manuel Tobias Matthews	FULL MAIDEN NAME: Lucille Blanche Patrick
RESIDENCE: Norwood	RESIDENCE: Norwood
COLOR	COLOR
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Mrs. J. L. McFall

Nurse (Physician or midwife)

Address McCall Ida

Filed 7a 9 — 1919 Mary R. McDonald Registrar

Left

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1944

363-123-043-415

OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69721

[redacted]atley

City of Lardo

Registration District No. 15

File No.

No. St.

Primary Registration District No.

Registered No. 209

Hospital

FULL NAME OF CHILD Roscoe Ellsworth Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	June (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward A Cole	FULL MAIDEN NAME	Sophia M Davis
RESIDENCE	Lardo Idaho	RESIDENCE	Lardo Idaho
COLOR	AGE AT LAST BIRTHDAY 44 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Cole.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

19

Address McCall Ida

Filed 7-9 1919 Mary R McDonald Deft

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE
MAR 6 1962

MAR 20 1962

SEP 1 1965

619-112-043-442

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69722

County of Valley

City of Cascade

No. ..... St.

Hospital ..... Ira

Registration District No. 15

File No. .....

Primary Registration District No. .....

Registered No. 202

FULL NAME OF CHILD Charles [redacted] Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wayne W. Ward	FULL MAIDEN NAME	Dollie D. Dukes
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	North Jordan Ind.	BIRTHPLACE	Van Wyke Idaho.
OCCUPATION	Logger	OCCUPATION	House-keeper

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Address Cascade Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-9 1919 Mary R. McDonald

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/11/41 L. B.
1/28/41 L B.

JAN 30

457-206-032-515

PLACE OF BIRTH

Lincoln

County of Shoshone

City of Shoshone

No. ..... St.

Hospital Home

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 69733

Primary Registration District No. 2016

Registered No. 46

FULL NAME OF CHILD Germ Sanatta De Graw

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F	Other		5th	Yes	Feb 6 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Morone J De Graw	FULL MAIDEN NAME	Mabel Alice Vanatta
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Teller

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed June 12 1919 J. L. Fuller Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

266-117-032-719

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69734

PLACE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 22 16 File No.

No. St.

Primary Registration District No. 1916 2017 Registered No. 47

Hospital Welcome

FULL NAME OF CHILD Nedy Bowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Apr 17 1917

FATHER

FULL NAME Albert E. Bowler.

RESIDENCE Shoshone.

COLOR White. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE

OCCUPATION Co. Assessor.

MOTHER

FULL MAIDEN NAME Martha B. Garlock

RESIDENCE Shoshone.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE

OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1917 J. L. Fuller Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

OCT 6 1943

249-216-032-753

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Amended 4/28/78

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 69735

Primary Registration District No. 1018 Registered No. 48

Full Name of Child ~~Burgess~~ Fern Ellen Burgess

SEX OF CHILD: F	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	DATE OF BIRTH: June 16, 1919. (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Burgess	FULL MAIDEN NAME	Olive Angeline Peck
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Field, M. D. E H Field

(Physician or midwife)

Address Shoshone, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 16 1919 J L Sullivan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 28 10 20 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69735

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Burgess (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1919 (Date of Event) in ~~bi~~ Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Fern Ellen Burgess

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of December, 1962

Emerson Ingram
Notary Public, residing at Hagerman
My commission expires 12-20-64
(Seal)

Signed Myrtle Peck
(Signature of Any Credible Person)

Hagerman Idaho
(Street Address, City, State)

FORM DPH 55.155

1 Cpd 1 C

Certificate of Award issued by School District #11J gives name of pupil as Fern Ellen Burgess. viewed by V.S. Dated 10/28/32.

Baby book kept by mother, which is definitely old, gives name of child as Fern Ellen Burgess born 6/16/19. viewed by Vital Statisticw.

791-217-032-553

PLACE OF BIRTH

County of Lincoln

City of ~~[illegible]~~ Dietrich Ade.

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **69736**

File No. _____

Registered No. 49

Full Name of Child Helen Lucille Grant.

SEX OF CHILD: Female.	Twin Triplet of other? — (To be answered only in event of plural births) and Number in order of birth: 8	Legitimate? Yes	DATE OF BIRTH: June (Month) 17 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Grant	FULL MAIDEN NAME	Inez Sarah Nelson
RESIDENCE	Dietrich	RESIDENCE	Dietrich,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify ~~that I attended~~ she was unattended the birth of this child, who was alive (Born alive or stillborn), at 7:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Cooper — mesal

By Cw Dillon
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

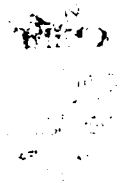
_____ Registrar

Filed June 19 1919 J. L. Sullen
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



138-124-032-113

PLACE OF BIRTH

County of Fremont

City of Rheatone

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

69737

Registration District No. 16

File No. _____

Primary Registration District No. 1016

Registered No. 50

Full Name of Child Born

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male	—	2	yes	June 24 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Henry Elza Athay	FULL MAIDEN NAME	Mary Jacques
RESIDENCE	Rheatone	RESIDENCE	Rheatone
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Lumberman	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn), at 10 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed June 25 1917 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-204-032-643

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69738

County of

City of Thoshone

No. St.

Hospital

Registration District No. 16

Primary Registration District No. 2016

File No.

Registered No. 57

Full Name of Child Phyllis July Perrin

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	—	4	Yes	July 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Boyd Perrin	FULL MAIDEN NAME	Marguerite E Fuller
RESIDENCE	Thoshone Ida	RESIDENCE	Thoshone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	OSSRR	OCCUPATION	wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed July 8 1919 J L Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1948

JUL 20 1948

291-201
003-154

PLACE OF BIR[redacted]

[redacted]

Form V. S. No. 11-G—[redacted]-8-17

[redacted]CS

69739

County of Bo[redacted]

City of Bo[redacted] Registration District No. 34 File No.

No. Primary Registration District No. 2161 Registered No. 34

Hospital

FULL NAME OF CHILD Verna June Bradbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	6 (Month) 1 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Edward Bradbury	FULL MAIDEN NAME	Alice Anderton
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Pool Hall proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

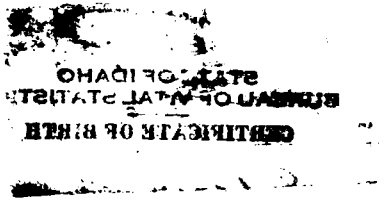
Filed 6-6-1919 [illegible]

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 10 1964

168-202-003-813

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69740

County of Bonneville

City of Hatch

Registration District No. 84

File No.

No. ..... St.

Primary Registration District No. 2161

Registered No. 35

Hospital

FULL NAME OF CHILD Violet Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 6 (Month) 2 (Day) 1919 (Year)
		Yes	

FATHER		MOTHER	
FULL NAME	Milvin Johnson	FULL MAIDEN NAME	Carmen Hatch
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed 6-2 1919 N R Wallentine

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-113-003-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Bonner

City of Sund

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 84 — File No. 69741

Primary Registration District No. 2161 — Registered No. 3

FULL NAME OF CHILD Carl William Meiners

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	—	—	Yes	6-13

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Carl Meiners	FULL MAIDEN NAME: Alice Blaser
RESIDENCE: Sund	RESIDENCE: Sund
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Wallentine

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Bonners Ferry

Filed 6-13-19.17 J. K. Wallentine

Registrar

753-108-003-256

PLACE OF BIRTH

County of Bannock

City of Wayan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2M-8-8-17

CERTIFICATE OF BIRTH

69742

Registration District No. 84 File No. .....

Primary Registration District No. 216 Registered No. 38

FULL NAME OF CHILD Jarvel John Peck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	5 - 8 - 19

FATHER		MOTHER	
FULL NAME	Ernest Peck	FULL MAIDEN NAME	Alice Rumsey
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1030 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [redacted]

[redacted] (Physician or midwife)

Address Bancroft

Filed 6-13-1919 N. A. Valentine Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1953

995-215-003-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-8-17

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69743

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. 39

FULL NAME OF CHILD Opal Enola Ries

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	6-15-19

FATHER	MOTHER
FULL NAME Charles Edward Ries	FULL MAIDEN NAME Elizabeth Magdalena Rindlisbacher
RESIDENCE Bancroft	RESIDENCE Bancroft
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Wallentine

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-15 19 19 M. P. Wallentine

Registrar

NOV 8 9[illegible]

243-117-003-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69744

County of Bonner

City of Sand Registration District No. 84 File No.

No. St. Primary Registration District No. 2161 Registered No. 40

Hospital Phill Kutterer

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	c		c	yes	6-17 19

FATHER		MOTHER	
FULL NAME	John Georg Kutterer	FULL MAIDEN NAME	Anna Louisa Peterson
RESIDENCE	Sand	RESIDENCE	Sand
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N P Wallentine

(Physician or midwife)

Address Bonners Ft

Given names added from a supplemental report.

19

Registrar

Filed 6-18 19 19 N P Wallentine

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-223-014-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF ID[redacted] V. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69745

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. Idaho Registered No.

Hospital

FULL NAME OF CHILD Juanita Irene Meyer

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: June 23 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME: Lloyd Meyer	FULL MAIDEN NAME: Lulu A. Wunnell
RESIDENCE: Nampa Idaho	RESIDENCE: Nampa Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Missouri
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 32 A. M. on the date above stated.

(Signature) J. B. Smith M.D.
by O.P.
(Physician or midwife)

Address

Filed July 9 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-T-CO 38071

651-101-014-683

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69746

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. ____ St.

Primary Registration District No. 24-1

Registered No.

Hospital

FULL NAME OF CHILD Dennis Ryan Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 1 1917

FATHER		MOTHER	
FULL NAME	Clarence Weaver	FULL MAIDEN NAME	Wilsie Wilson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Smith M.D. By G.K.

(Physician or midwife)

Address

Given names added from a supplemental report.

....19....

Registrar

Filed July 9 1917 Pearl Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-114
014-168 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 412-12 1/2 S. St.

Hospital -

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 69747

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Full Name of Child Charles Elmer Johnson

SEX OF CHILD	Twin, Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	yes	June 14 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Elmer E. Johnson	FULL MAIDEN NAME Phenie Joyner
RESIDENCE	Nampa Idaho	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Ill	Wash.
OCCUPATION	Mgr Oil Station	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D H Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed July 9 1919 Pearle Dodds
Registrar

766-224-014-231

PLACE OF BIRTH Country

County of Canyon

City of Nampa

No. R.R. No 2 St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

69748

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child X Leah Poff

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X	X	Yes	June 24 19 19

FATHER		MOTHER	
FULL NAME	Chas D. Poff	FULL MAIDEN NAME	Ruby Blackburn
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed July 9 1919 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

High School Diploma gives name as Leah Poff. Dated May 17, 1934. Viewed by V.S.
Own childs birth certificate gives mothers name as Leah Poff . Dated 9-7-41.
File # 322016 in Idaho.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69748

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1919 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Leah Poff

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1962

Anna Laura Jones

Notary Public, residing at Boise Idaho

My commission expires Oct 9 1963

(Seal)

Signed Ethel Weickmann
(Signature of Any Credible Person)

606 Allumbaugh St, Boise
(Street Address, City, State)

FORM DH 60-155

MAR 8 1962

219 - 220 - 014544 County

PLACE OF BIRTH

County of Canyon

City of Nampa RR No. 1

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH **69749**

Registration District No. 7

Primary Registration District No. 2006

File No. ____

Registered No. ____

Full Name of Child Ethel Geraldine Barnett

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH
Girl	X	X	yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Ray Barnett	FULL MAIDEN NAME	Chloe May Emmert
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive) (Born alive or stillborn), at 10½ a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed July 9 1919 Pearle Dodds Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1967

165-227-014-866

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69750

County of Canyon

City of Nampa

No. Juniper St.

Hospital ——

Registration District No. 7 File No.

Primary Registration District No. 1806 Registered No.

Full Name of Child Dorothy May Jones

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	May 27 19

FATHER

FULL NAME: Bradford Jones

RESIDENCE: Nampa Idaho

COLOR: W Rite AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Contractor

MOTHER

FULL MAIDEN NAME: Bessie Howard

RESIDENCE: nampa Idaho

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. McClellan

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed July 9 19 4 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 6 1976

495-128-014-168

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Kuna Rd. St.

Hospital X

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2006

File No. 69751

Registered No.

Full Name of Child X

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	yes	June 28 — 19

FATHER		MOTHER	
FULL NAME	N. Nicolaysen	FULL MAIDEN NAME	Allie Johnson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:30 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19....

.....
Registrar

(Signature) J. H. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Filed July 9 1919 Pearle Dodds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

714-127-014-745

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ——— St.

Hospital ———

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **69752**

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

Full Name of Child Lyal Darby Paul

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	JUN 27 1919 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto James Paul	Martha Elizabeth Gunderson
RESIDENCE	Gardena Idaho	Horseshoe Bend Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Crawfordsville Kansas	Horseshoe Bend Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Kimberlan

Physician

(Physician or midwife)

Address Nampa Idaho

Filed July 9 1919 Pearle Dodds

Registrar

Given names added from a supplemental report

..... 19....

.....

Registrar

652-110-014-255

Form V. S. No. 11-C—25m-1-1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2006

File No. 69753

Registered No. .....

FULL NAME OF CHILD John Burton West

Sex of Child: Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: May 10 (Month) (Day) 191.9 (Year)

FATHER		MOTHER	
FULL NAME	John B. West	FULL MAIDEN NAME	Mary Abagail Lacey
RESIDENCE	Murphy Ida	RESIDENCE	Murphy Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Idaho
		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Address .....

Filed June 26 19 19 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

291-123-037-632

[redacted] Form 25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Wilson

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69754

Registration District No. 17

Primary Registration District No. 2006

File No. .....

Registered No. .....

FULL NAME OF CHILD Brandau

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 23 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: Geo. Brandau

RESIDENCE: Wilson Ida

COLOR: white

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Minnie ~~Bebras~~ Olson

RESIDENCE: Wilson Ida

COLOR: white

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Address Nampa

Given names added from a supplemental report. ..... 19.....

Filed June 26 19 19 Pearle Dodds Registrar

..... Registrar

E-Y CO. 24655

652-110-ay-997

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD CLARENCE McBRIDE West

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 10 (Month) (Day) 191.9 (Year)

FATHER	MOTHER
FULL NAME Grover C. West	FULL MAIDEN NAME Olive May Riggs
RESIDENCE Nampa	RESIDENCE Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oregon
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 7th. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Address Nampa

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 26 1919 Pearle Dodds Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 69755

County of Sacramento } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed West (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 10, 1919 (DATE OF EVENT) in Napa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed West	Clarence McBride West

Subscribed and sworn to before me this 3rd day of January, 1942

Virgie Oehler

Notary Public, residing at Sacramento

My commission expires March 1, 1944 (SEAL)

Signed Ollie West

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

P.O Box 617, Broderick

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Sacramento }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1941

Virgie Oehler

Notary Public, residing at Sacramento

My commission expires March 1, 1944 (SEAL)

Signed Vernie Mercer

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

McArthur, California

(STREET ADDRESS, CITY, STATE)

Box #4

Received for filing on JAN 7 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 1 0 1942

JAN 1 0 1942

292-224-014-366

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 69756

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD OPAL GENEVIEVE Bishop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 24, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William D Bishop	FULL MAIDEN NAME	Nelah Belle Lowry
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 26 1919 Pearle Dodds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1947

713-122-001-652

PLACE OF BIRTH amended Oct. 16, 1979

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69757

County of Ada

City of [redacted]

Registration District No. 7

File No.

No. [redacted] St.

Primary Registration District No. 2766

Registered No.

Hospital

FULL NAME OF CHILD John Raymond Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 22, 1919

FATHER		MOTHER	
FULL NAME	Clarence L Palmer	FULL MAIDEN NAME	Lena May Westlake
RESIDENCE	Melba, R.D.	RESIDENCE	Melba R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George R. Proctor
Physician
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 26 19 19 Pearle Dodds
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1970

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 69757
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Palmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 22, 1919 (Date of Event)

in Ada County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's birht	omitted	John Raymond Palmer

Subscribed and sworn to before me this 16th day of October, 1979.

Notary Public, Florence Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

x John R Palmer
Signature of Applicant

Route 2 Parma Idaho 83660
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 2-20-79 telephone nm

Social Security card lists name as John Raymond Palmer. Card is obviously old.
viewed by vs October 16, 1979

Pilot's License lists name as John Raymond Palmer. Dated August 28, 1967, Department of Transportation-Federal Aviation Administration.
viewed by vs October 16, 1979

767-122-037-849

Form V. S. No. 11-C—28m-1-1-18

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69758

City of Wilson

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD CARL ANDREW Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred L. Cox	FULL MAIDEN NAME	Margaret A. Hurley
RESIDENCE	Wilson	RESIDENCE	Wilson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:48 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Vanimpo

Filed June 6 1919 Pearle Dodds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1912

NOV 6 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 69758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carl Andrew Cox

Subscribed and sworn to before me this 5th, day of November, 1942.

Notary Public, residing at Nampa, Idaho.

My commission expires Sept. 5th, 1944
(Seal)

Signed + alfred L. Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Melba, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

TVA

NOV 9 1949

NOV 12 19

813-127
014-365

91

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69759

PLACE

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. .....

Primary Registration District No. 1006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Paul Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	6-27-1919

FATHER		MOTHER	
FULL NAME	Lewis Edward Hall.	FULL MAIDEN NAME	Zelma Erwina Longstreet
RESIDENCE	Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	✓
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho -
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

(Signature) C. R. Meredith M.D.

Nampa Idaho.
(Physician or midwife)

Address .....

Filed July 10 1919 Pearle Dodds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-206
019-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

69760

County of Canyon

City of Boomont

No. ..... St.

Hospital .....

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Dorothy Evelyn Lawson

Sex of Child Female | Twin Triplet or other? and (Number in order of birth) (To be answered only in event of plural births) | Legitimate? | Date of Birth July 16 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Thomas Henry Lawson

RESIDENCE Boomont Idaho

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Caribou Cliff, Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alida Brungell

RESIDENCE Boomont

COLOR

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Silver City Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 10 1919 Pearle Dodds

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1962

291-115-014-698

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 10th St.

Hospital Nampa General

Registration District No. 7

File No. 69761

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD John Franklin Brady

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 15th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo. F. Brady	FULL MAIDEN NAME	Nellie May Fry
RESIDENCE	Cascade, Idaho	RESIDENCE	Cascade Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Brookville, Pa.	BIRTHPLACE	Nevada, Mo.
OCCUPATION	Fireman, for B. P. Ly. Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed July 10 1919 Pearle Dodds Registrar

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75-6-115-014-748

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-5-17

CERTIFICATE OF BIRTH

69762

Registration District No. 7

Primary Registration District No. 2006

File No. .....

Registered No. .....

FULL NAME OF CHILD Dwight Lyman George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	+ and +	+	yes	June 15th 1919

FATHER

FULL NAME: Anthony Joseph George

RESIDENCE: Nampa Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Bloomfield, Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Levy

RESIDENCE: Nampa, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3rd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8:30 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kelly M.D.

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 15 1919 Pearle Dodds Registrar

819-216-014-419

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital Nampa Sanitarium

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 69764

Primary Registration District No. 1086 Registered No. ____

FULL NAME OF CHILD Dorothy Rose Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 16 1919

FATHER		MOTHER	
FULL NAME	Edward W Harris	FULL MAIDEN NAME	Jessie Mauzy
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Address Nampa Ida

Filed July 16 1919 Pearle Dodds
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1972

APR 2 8 1944

344-207-028
43

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH 69765

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 73

Full Name of Child Lorelei Lake Lumpkin

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	one	one	yes.	May 7 1919

FATHER

FULL NAME: William P Lumpkin

RESIDENCE: Coeur d Alene Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Druggist

MOTHER

FULL MAIDEN NAME: Myrta E. Dullon

RESIDENCE: Coeur d Alene Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: South Dakota

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Holden

(Physician or midwife)

Address Coeur D'Alene Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 8 1919 Gus Nelson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1943

538-107-028-344

PLACE OF BIRTH Y

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69766

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 72

Hospital

FULL NAME OF CHILD Claude Herbert Ely

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Jan 7 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Leon Ely	FULL MAIDEN NAME	Elsie Lindquist
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	Mill Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Idaho

Filed July 8 1919 Gus Nelson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-216-028-256

Amended 5-6-77

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69767

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No.

No. St. Primary Registration District No. 1050 Registered No. 75

Hospital

Full Name of Child Rose Marie Davis

SEX OF CHILD Female	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH June 16 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Jas E Davis	FULL MAIDEN NAME Annie Caroline Kewitz
RESIDENCE Coeur d Alene Ida.	RESIDENCE Coeur d Alene
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE Wisconsin
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur D'Alene Ida.

Filed July 8 1919 Gus Nelson Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 1 01 PM '77

te of Montana
nty of Lincoln } ss.

Certificate No. 69767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
Rosa Elvrett Davis (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1919 (Date of Event)
Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
e facts are shown by Marriage License and baptism record (Bible Record, Insurance Policy, Etc.) prepared on 8-17-40; 5-13-39 (Give Date), are:

FACTS TO BE CORRECTED (Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Rosa Elvrett	Rose Marie

bscribed and sworn to before me this 21st day of April, 19 77

Barbara Nelson

Notary Public, residing at Libby

My commission expires 3-4-79

(Seal)

Signed Rose Marie Davis (Emily)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 1858, Libby, Montana 59923
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

ate of Montana
unty of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
e true to the best of his knowledge.

ıbscribed and sworn to before me this 21st day of April, 19 77

Barbara Nelson

Notary Public, residing at Libby

My commission expires 3-4-79

(Seal)

Signed James Tarkan
(Signature of Any Credible Person)

Rt 1 Box 1858, Libby, Mt. 59923
(Street Address, City, State)

ORM DH 60-155 CL 2/18/76 Rush

Baptismal Certificate gives name as Rose Marie Daivs child of James E. Davis and Anna C. Kavitz born June 16, 1919 and Baptized May 13, 1939.
Viewed by
V.S.

Marriage License issued by the State of Montana gives name as Rose Marie Davis married to James Enders. Married August 17, 1940 i Libby, MOntana.
Viewed by V.S.

942-106-028-243

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

69768

Registration District No. 29

File No. _____

Primary Registration District No. 1050

Registered No. 74

Full Name of Child Robert Alexander Rabe

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one	one	yes	June 6 1919

FATHER

FULL NAME Leonard Rabe

RESIDENCE Coeur d Alene Ida.

COLOR White — AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Bay City Michigan

OCCUPATION Skilled Laborer.

MOTHER

FULL MAIDEN NAME Annie Julia Sullivan

RESIDENCE Coeur D Alene Ida.

COLOR White — AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K McFadden

(Physician or midwife)

Address Coeur D'Alene, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 8 1919 Gus Nelson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RUBLE

NOT

849 - 201-028-669

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 813 Birch Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 29

File No. 69769

Primary Registration District No. 1050

Registered No. 71

FULL NAME OF CHILD Catherine Frances Quince

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	June 1 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Allan George Quince	FULL MAIDEN NAME	Ruby Mabel Porter
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Coeur d'Alene, Idaho	BIRTHPLACE	Escoda, Michigan
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. June 1 at 1919 at 8 9 M.

(Signature) Dr Jno Bunby

(Physician or midwife)

Address Coeur d'Alene Ida

Filed June 24 1919 Gus Nelson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-215-028-519

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 608 St Maries St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-5-17

CERTIFICATE OF BIRTH

69770

Registration District No. 29 File No.

Primary Registration District No. 1050 Registered No. 70

FULL NAME OF CHILD Mary Ann Rosser.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	6-15 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Rosser	Elsie V Unum
RESIDENCE	Coty. Coeur D'Alene	Coeur D'Alene
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Oklahoma.	Minneapolis Minn
OCCUPATION	Driver Tee wagon	H.W.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 6:40 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barclay M. D.

(Physician or midwife)

Address Coeur D'Alene Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 16 1919 Gus Nelson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

FEB 3 1981

285-107-028-418

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeurdalene

Registration District No. 29

File No. 69771

No. 1209 - 5th St.

Primary Registration District No. 1050

Registered No. 67

Hospital

FULL NAME OF CHILD John E. Sheehan

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas J. Sheehan	FULL MAIDEN NAME	Loretta Mayer
RESIDENCE	Coeurd'Alene	RESIDENCE	Coeurd Alene
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.15 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burby MD

physician (Physician or midwife)

Given names added from a supplemental report.

Address Coeur D'Alene Ida

19

Filed June 12 1919 Gus Nelson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

139-227-028-314

PLACE OF BIRTH

Form V. S. No. 11-C—2Km-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69772

County of Kootenai

City of Coeur d'Alene

No. 1211 Sherman St.

Hospital C. d'A.

Registration District No. 29

File No.

Primary Registration District No. 1050

Registered No. 68

FULL NAME OF CHILD MARGARET GEORGIA CAMERON Alison

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	Yes	May 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Alison	FULL MAIDEN NAME	Georgina J. J. Cameron
RESIDENCE	1211 Sherman Ave CDA	RESIDENCE	Sherman Ave CdA
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Owosso Mich.	BIRTHPLACE	Kingston Ont. Canada
OCCUPATION	Cashier in Am. Trust Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. T. Wood

Ruth Laron R.N. (Physician or midwife)

Given names added from a supplemental report.

Address Coeur D'Alene Ida

19

Filed June 14 1919 Gus Nelson

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-108-028-249

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 901 Montana St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

Registration District No. 29

File No. 69773

Primary Registration District No. 1050

Registered No. 69

FULL NAME OF CHILD Lyle Ransom Estebrooke.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	6 — 8 — 1919

FATHER

FULL NAME E.B. Estebrooke

RESIDENCE Died Dec 1st 1918

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Arlington Wash

OCCUPATION Lumbering industries

MOTHER

FULL MAIDEN NAME Elsie Smith

RESIDENCE C. d'A.

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Quincy, Minn.

OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barclay M. D.

(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 14 1919 Gus Nelson

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-202-028-297

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

No. 933 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 29

File No. 69774

Primary Registration District No. 1050

Registered No. 66

FULL NAME OF CHILD Mary Louise Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 2nd 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Swayne Smith	Mary Christina Kipp
RESIDENCE	Coeur d'Alene Idaho	Coeur d'Alene Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Fond du Lac Wisconsin	Coeur d'Alene Idaho
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 8:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John Burbey MD

(Physician or midwife)

Address Coeur D'Alene Idaho

Filed June 12 19 19 Gus Nelson

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

168-102-028-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 29 File No. 69775

No. 616 Lakeside St. Primary Registration District No. 1050 Registered No. 65

Hospital

FULL NAME OF CHILD Thomas Samuel Johns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Other	5	Yes	June 2 1919

FATHER		MOTHER	
FULL NAME	Thomas Johns	FULL MAIDEN NAME	Lola Rift.
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	London England
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) John A. Wood M.D

(Physician or midwife)

Address Coeur D'Alene Ida

Filed June 12 19 19 Gus Nelson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

DEC 9 1975

419-201-028-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29

File No. 69776

No. _____ St.

Primary Registration District No. 1050

Registered No. 64

Hospital _____

FULL NAME OF CHILD ~~Baby~~ June Phillipia Marineau

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	3	Yes	June 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur J. Marineau	FULL MAIDEN NAME	Emma Kay Muckenstrum
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Montana
OCCUPATION	Sawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood Sec.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Coeur D'Alene Idaho

Filed June 12 1919 Gus Nelson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1942

129-119-029-119 [redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 68

File No. 69777

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Franklin Abrams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Abrams	FULL MAIDEN NAME	Millie Garner
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed Apr 19 19 R. F. Pepple
Registrar

Registrar

Juliaetta Idaho

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1944

APR 29 1943

Amended 10/24/73
669-230 035-255
PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

69778

County of Nez Perce

City of Crescent

Registration District No. 68

File No.

No. ..... St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Helyn Edith Flannigan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Apr. 30 1919

FATHER		MOTHER	
FULL NAME	Gus Flannigan	FULL MAIDEN NAME	Rose Violet Keeler
RESIDENCE	Crescent Idaho	RESIDENCE	Crescent Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Saw-miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.
(Physician or midwife)

Address Kendrick Idaho

Filed apr 19 19 R. F. Peeples Registrar
Juliaetta Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 18 1 25 PM '73

State of ..... } ss. Certificate No. 69778

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Helen Edith Farrington (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1919 (Date of Event)

in Crescent, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Helen	Helyn

Subscribed and sworn to before me this 11th day of October, 1973

[signature]

Notary Public, residing at Clarkston, Washington

My commission expires 8-10-73

(Seal)

Signed Rose Akins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6/29/73 nm

Certificate of Marriage from Washington gives groom's name as Arne B. Kloster and the bride's name as Helyn E. Farrington. dated Nov. 27, 1937. Viewed by VS

OCT 24 1973

Ins. Policy from Old West Life Ins. Co., Boise, Idao gives name as Helyn E. Kloster/ #48055. Viewed by V. S.

Social Secuirty Card (518-03-6957) gives name as Helyn Edith Kloster. Viewed by V. S.

249-203
029-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH [redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69779

County of Latah

City of Linden

No. ..... St.

Hospital .....

Registration District No. 68

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Smith	FULL MAIDEN NAME	Lulu Sten
RESIDENCE	Linden Idaho	RESIDENCE	Linden Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed 6-30 1919 R. F. Pepple Registrar

Julianella

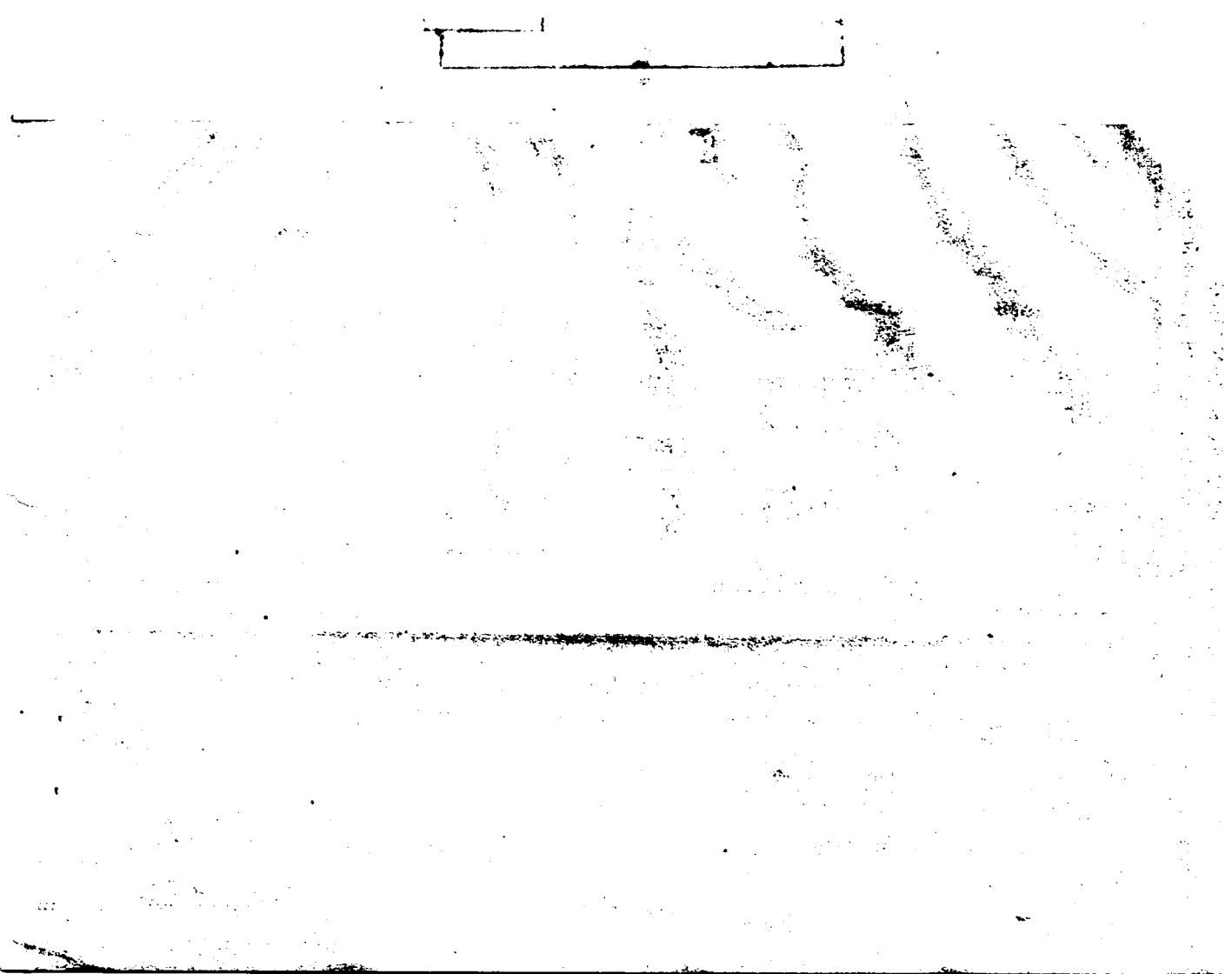
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



513-211-029-357

Form V. R. No. 11-C—25m-1-1-18

PEACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69780

County of Idaho

City of Kendrick

Registration District No. 68

File No.

No. St.

Amended 4/27/77

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Martha Eatmon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 11 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Eatmon	FULL MAIDEN NAME	Sarah Septon
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kendrick Idaho

Filed 6-30 1919 R F Pepple Registrar

Juliaetta Idaho

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JUL 8 53 AM '77

Certificate No. 69780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Eatman (female) (Name on Original Certificate) who was born (Was Born or Died) on June 11, 1919 (Date of Event)
in Kendrick, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Martha Eatman

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
March, 1977

Notary Public, residing at Pierce
My commission expires Feb. 15, 1980
(Seal)

Signed Stella P Stewart
(Signature of Any Credible Person)

Pierce Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3/25/77

Marriage license and certif fromIdaho gives names as Kenneth Humiston and Martha Eatmon. dated Aug 16, 1951 in Pierce, Idaho. viewed by V. S.

High school diploma from Captain E. D. Pierce High schoo, Pierce, Idaho gives name a Martha M. Eatmon. dated May 20, 1938. viewed by V. S.

844-218-029-314

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69781

Registration District No. 68

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry L. Huddleston	FULL MAIDEN NAME	Eva McLaughlin
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.55 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

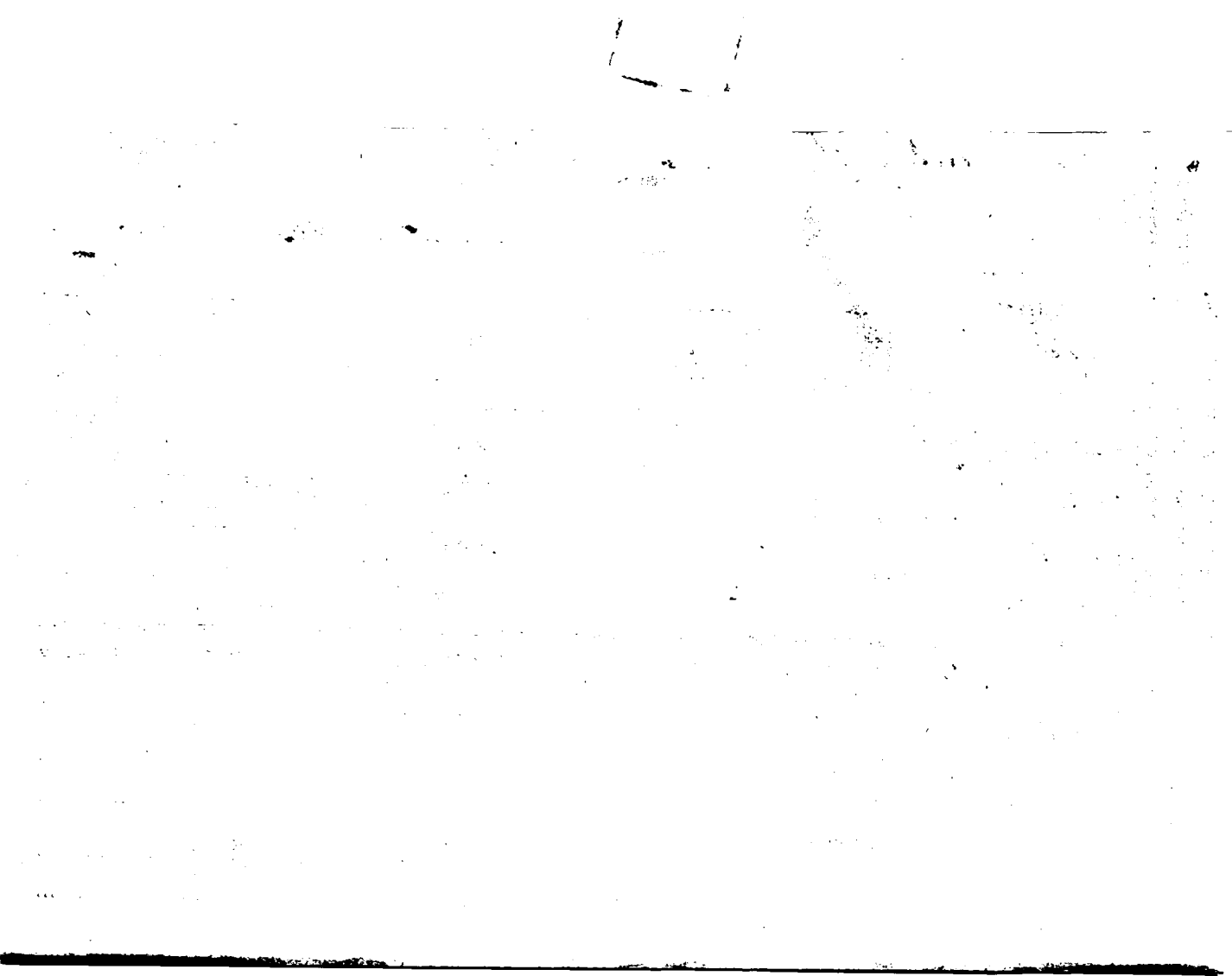
Address Kendrick Idaho

Filed 6.30 1919 R. F. Pepper Registrar

Juliaetta Idaho

..... Registrar

S-Y CO. 24655



419-126-029-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-G—2[illegible]-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69782

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 19

FULL NAME OF CHILD Jack Harvey Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	June 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben H Martin	FULL MAIDEN NAME	Norma Jackson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Clerk Gen'l Mdse	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Chem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-27 1919 W H Chem

Registrar

NOV 8 1962

657-117-029-154

PLACE OF BIRTH

County of Latrob

City of Genese

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2142 File No. 69783

Primary Registration District No. 62 Registered No. 11

FULL NAME OF CHILD Alvin Demoine Teglaad

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	June 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Teglaad	FULL MAIDEN NAME	Hannah Anderson
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvin (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehen

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed June 17 1919 W. H. Ehen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-102/1029/249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

File No. 69784

Primary Registration District No. 2142

Registered No. 17

FULL NAME OF CHILD Clifford Wayne Halverson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	June 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton Halverson	FULL MAIDEN NAME	Mary Burr
RESIDENCE	near Genesee	RESIDENCE	near Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn) at 29 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6-2 1919 W H Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-220-002-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

BURE[illegible]AHO [illegible]TATISTICS

CER[illegible]RTH

69785

County of Adams

City of Indian Valley

Registration District No. 87 [illegible]le No.

No. St.

Primary Registration District No. Registered No.

Hospital

Full Name of Child LORNA LUCILLE WINDER

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip James Winder	FULL MAIDEN NAME	Elizabeth Ann Miller
RESIDENCE	Indian Valley Idaho	RESIDENCE	Indian Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Midvale Idaho

Filed 7/7 1919 F. A. Schmidt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 69785

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on June 20th 1919 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by me, the mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorna Lucille Winder

Subscribed and sworn to before me this 6th
day of August, 1943

David E. Graham
Notary Public, residing at Vale, Oregon

My commission expires June 17th 1947
(Seal)

Signed Mrs. Elizabeth Winder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Vale Malheur County, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 19 1943

297-218-044-769

PLACE OF BIRTH

STA[illegible] 11—25m-6-15-18

BUREAU O[illegible]

CERTIF[illegible]RTH 697[illegible]

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. _____

Registered No. _____

Full Name of Child Delpha Gertrude Sipe

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 18 (Day) 19

FATHER		MOTHER	
FULL NAME	Geo. L. Sipe	FULL MAIDEN NAME	Jane Points
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present bi[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Faschmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Midvale Idaho

Registrar

Filed 7-7-1919 Faschmitz

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1960

993-114-004-552

PLACE OF BIRTH

Form [redacted]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

Registration District No. ..... File No. 69787

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Eldon Richard

Sex of Child Male

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 5 (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Richards	FULL MAIDEN NAME	Hazel Nebeker
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Pulton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Filed 7/8 1919

John Mattson
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-230-004-866

PLACE OF BIRTH Amended 10/18/73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

County of Bana Lake

City of Fish Haven

Registration District No. ..... File No. 69788

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Grace Marie Bagley

Sex of Child Female

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes.

Date of Birth 5 (Month) 30 (Day) 1919 (Year)

FATHER

FULL NAME Oliver Bagley

RESIDENCE Fish Haven

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Fish Haven

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leah Howell

RESIDENCE Fish Haven

COLOR W.

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Fish Haven

OCCUPATION House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Registrar

Filed 7/8 1919

John Mattson
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1973

IDAHO DEPARTMENT OF HEALTH 8 13 73

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 4 02 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WYOMING } ss.
County of LINCOLN }

Certificate No. 69788

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bagley (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1919 (Date of Event)

in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on 3, aug. 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Grace Marie Bagley
Place of birth	Paris, Idaho	Fish Haven, Idaho

Subscribed and sworn to before me this 14th day of August, 19 73

Floyd B Hinsaker

Notary Public, residing at Afton, Wyoming

My commission expires April, 25, 1974

(Seal)

Signed Grace Marie Bagley Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD Afton, Wyoming 83110
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing from LDS Church gives name as Grace Marie Bagley daughter of Oliver Bagley and Leah Howell. Born May 30, 1919. Was Blessed Aug. 3, 1919 Viewed by V. S.

OCT 22 1973

Marriage Certificate from Utah gives groom's name as George DeRell Olson and the bride's name as Grace Marie Bagley. Dated June 30, 1937. Viewed by V. S.

993-222-004-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 69789

Registered No. .....

FULL NAME OF CHILD Mona Ruth Rich

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X			Yes	5/ 22/ 19 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Lee Rich.	FULL MAIDEN NAME	Erma Linford
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) 2:30 p. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Idaho.

Registrar

Filed 6/1/19 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-41

SEP 1 1960

MAY 3 1963

154-223-032-5-69

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

69-90

Registration District No. ..... File No. 1

Primary Registration District No. ..... Registered No. 6

FULL NAME OF CHILD ..... Helen Rose Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 23 1912

FATHER	MOTHER
FULL NAME: Herman Anderson	FULL MAIDEN NAME: Emma Nordlund
RESIDENCE: Richfield 2 mi North 3¾ H.	RESIDENCE: Richfield 2 mi N. 3¾ H.
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Finland	BIRTHPLACE: Finland
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .... 6 ... Number of children of this mother now living, including present birth .... 6 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at 4:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Louisa Jacobsen

Midwife
(Physician or midwife)

Address Richfield Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 5 1912

P. E. Bartlett
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 364-216 032-652

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 17

File No. 1 69791

No. ..... St.

Primary Registration District No. 1100

Registered No. 5

Hospital .....

FULL NAME OF CHILD Margaret Celestia Tomlinson

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Mahon Tomlinson	FULL MAIDEN NAME	Celestine West
RESIDENCE	Richfield Ida	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Alexis, Ill	BIRTHPLACE	Chesterfield Ida
OCCUPATION	Manager Lumber Yard	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Idaho

Filed July 8 1917 P. E. Bartlett

Registrar

Registrar

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 299-215 032-436

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69792

County of Lincoln

City of Richfield

No. 2½ mi West St.

Registration District No. 17 File No. 1

Primary Registration District No. 2200 Registered No. 4

Hospital

FULL NAME OF CHILD Beatrice Fay Kirtley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cave James Kirtley	FULL MAIDEN NAME	Ida Villa McWillis
RESIDENCE	Richfield 2½ mi West	RESIDENCE	Richfield 2½ mi West
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bellevue Ida	BIRTHPLACE	Fossil Ore
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Richfield Idaho

Filed July 8 1919 P. E. Bartlett Registrar

264 205-032-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69793

County of Lincoln

Amended 4-28-80

City of Richfield

Registration District No. ~~1100~~ 17 File No. 3

No. ..... St.

Primary Registration District No. 1140 Registered No. 3

Hospital .....

FULL NAME OF CHILD ELLA MAE Kodesh

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Kodesh	FULL MAIDEN NAME	Emma Kacalek
RESIDENCE	Richfield Idaho	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Dickison N. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 53 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Idaho

..... Registrar

Filed June 7 1919 E. E. Wattett Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 28 2 01 PM '80

State of _____ } ss.
County of _____ }

Certificate No. ¢(&(# 69793
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Nellie Emma Kodesh (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1919 (Date of Event)

in Richfield (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Nellie Emma Kodesh	Ella Mae Kodesh

Subscribed and sworn to before me this 28th day of April, 1980.

Notary Public Florence Curtright

Residing at Boise

My commission expires Fifteen

(Seal)

Ella M. Tennant
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with the Bureau of Vital Statistics, Boise, Idaho gives name as Ella Mae Kodesh born in Richfield, Idaho. Age 44 when child was born May 14, 1964. Certificate # 64-6186
Viewed by V.S.

Marriage license issued by Howard E. Adkins, Probate Judge of Lincoln County, Idaho. Ella Mae Kodesh of Richfield, Idaho married Dallad Richard Coombes on November 8, 1939.
Viewed by V.S.

Family record, Picture when baby was 1 month old, gives name as Ella Mae Kodesh born June 5, 1919, in Richfield, Lincoln County, Idaho

[redacted] 493-22-7042-819

PLACE OF BIRTH

County of Twin Falls.

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69794

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Miller.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes.	June 27 1917

FATHER	MOTHER
FULL NAME: J. O. Miller.	FULL MAIDEN NAME: Susa Hartley.
RESIDENCE: ~~Twin~~ Kimberly	RESIDENCE: Kimberly.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Kans.	BIRTHPLACE: NC.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Loucks M.D.

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 3 1917 W. F. Pike Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-104-042-134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69795

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Asbury

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W W Asbury	FULL MAIDEN NAME	Ada Acuff
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Mo
OCCUPATION	Laborer & farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Houchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 7-3-1919 W. F. Pike

Registrar

Registrar

216-220-042-817

name added 1/21/80

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69796

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Saffer Evelyn Juanita

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Arvel Saffer	FULL MAIDEN NAME	Laura Haggard
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Glendick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

..... Registrar

Filed 7-3-1919 W. F. Pike Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 10 25 AM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon }
County of Josephine } ss.

Certificate No. 69796

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Saffer (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1919 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Evelyn Juanita Saffer

Subscribed and sworn to before me this 11th day of March, 1976

Notary Public, residing at Cave Junction, Ore.
My commission expires 3/30/76
(Seal)

Signed Laura E Saffer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cave Hy. Cave Junction Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1979

Notary Public, residing at Anaheim, Ca.
My commission expires

HENRY TERRY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
STANISLAUS COUNTY
My Commission Expires October 29, 1982

Signed Ida L. Towe
(Signature of Any Credible Person)

3006 Swanson Rd. Denair, Calif.
(Street Address, City, State)

FORM DH-555-1955

CL sent 3 2 76

1 copy paid rec. 7324 ($1 refund)

Social Securty Application (for a Numer) 565 48 6445) givs name as Evelyn Juanita Saffer. born June 20, 1919 at Twin Falls, Idaho. father's name as Arvel William Saffer. and Laura Evelyn Haggard asn the mother. viewed by V. S.

Marriage certif from Nevada gives nameas Leon I. Scroggins and Evelyn J. Vessel. dated Aug 25, 1972. viewed by V. S.

844-107-042-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 37 File No. 69797

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Henry Allen Humphries

Sex of Child: Male | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 7 (Month) (Day) 1919 (Year)

FATHER

FULL NAME: James Marion Humphries

RESIDENCE: Bull 2daho

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: alice Kimball

RESIDENCE: [illegible] 2daho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Mo.

OCCUPATION: House wife

Number of child of this mother, including present birth: First. Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at mid night on the date above stated.

(Signature) Frank A Dwight M.D

Filer 2daho (Physician or midwife)

Address _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June - 5 - 1919 W. F. Pike Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

525-223-042-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69798

County of Twin Falls

City of _____ Registration District No. 37 File No. _____

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Vern Luella Ebersole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 23 1914

	FATHER	MOTHER
FULL NAME	Reuben John Ebersole	Mable Lucretia Carrington
RESIDENCE	Filer Idaho	Filer Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Nebr.	Colorado
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:15 a M. on the date above stated.

(Signature) Frank A. Dwight M.D.

Filer Idaho
(Physician or midwife)

Address _____

Filed 7-5- 1914 W. F. Pike
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 16 1942

125-124-042-636

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69799

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Lyle Casper Abel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 24 1919

FATHER		MOTHER	
FULL NAME	Kenith Dolphe Abel	FULL MAIDEN NAME	Ida Florence
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:20 P.M. on the date above stated.

(Signature) Frank A. Dwight M.D.

Filer, Idaho

(Physician or midwife)

Address _____

Filed 7-5- 1919 W. F. Pike

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 8 1945

386-217-042-866

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69800

County of Twin Falls

City of Twin Falls, Registration District No. 37 File No.

No. 401-6th Ave. E. St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD JUNE LOUISE THOMPSON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 17 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy Roland Thompson	Grace E. Hooker
RESIDENCE	Twin Falls,	Twin Falls,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Illinois	Wisconsin
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford O. Powell M. D.
(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

....., 19.....
Registrar

Filed July 1, 1917 W. F. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

FEB 2 1942

Certificate No. 69800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) was born on June 17 1919 (DATE OF EVENT)

in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 28, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	June Louise Thompson

Subscribed and sworn to before me this 28 day of January, 19 42.

Harry Eaton

Notary Public, residing at Twin Falls Idaho

My commission expires May 10 R 1946

(SEAL)

Signed Grace E. Thompson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

351 Buchanan, Twin Falls, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 R day of January, 19 42.

Harry Eaton

Notary Public, residing at Twin Falls Idaho

My commission expires May 10 R 1945

(SEAL)

Signed D. Claud Stewart

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1420 - 4th Ave E. Twin Falls, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By

(REGISTRAR'S SIGNATURE)

362-125-043-692

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69801

County of Valley

City of Cascade

No. ..... St.

Hospital .....

Registration District No. 15

File No. .....

Primary Registration District No. .....

Registered No. 201

FULL NAME OF CHILD Marion Franklin Cossitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 25th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edward D. Cossitt	FULL MAIDEN NAME	Haidwee Wisdom
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ironside, Oregon	BIRTHPLACE	Hot Springs South Dakota
OCCUPATION	Logger	OCCUPATION	House-keeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cascade, Idaho.

Filed 7-9 1919 Mary R. McDonald Deph

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

915-211-014-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69802

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 7006

File No. .....

Registered No. .....

FULL NAME OF CHILD Lisa Rand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			Yes	May 11 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Percy E. Rand	FULL MAIDEN NAME	Amanda Thompson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W. White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 26 1917 Pearle Dodds Registrar

S-Y CO. 24688

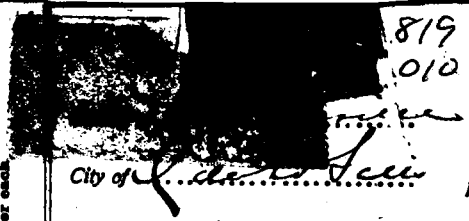
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 23 1959



819-109
010-693

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69803

City of Idaho Falls

Registration District No. 7 3

File No.

No. ..... St.

Primary Registration District No. 2 1 2 2

Registered No. 1 2 5

Hospital

FULL NAME OF CHILD William Robert Hardy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James H. Hardy	FULL MAIDEN NAME	Margaret Wilkinson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wyoming.	BIRTHPLACE	Idaho.
OCCUPATION	Auto Trimmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-9-19 at 2:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed 7/9 1919 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 24, 1941. E.W.

168-102-010-418

Form V. S. No. 11-G—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69804

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2120 Registered No. 124

Hospital

FULL NAME OF CHILD Russell Keith Johnson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy B. Johnson	FULL MAIDEN NAME	Christine Dahl
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	St. Louis, Mo.	BIRTHPLACE	Osage City, Kans.
OCCUPATION	Civil Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-2-19 at 9:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Lodwig Jr. M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 8 1919 Wm. Kennard
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1942

296-117-240-219

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. 11 21 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69805

Registration District No. 23 File No.

Primary Registration District No. 2110 Registered No. 123

FULL NAME OF CHILD David Woodrow Browning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 17 1919

FATHER

FULL NAME Stephen A. Browning

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ogden Ut.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Amy Baird

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Franklin Ida.

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 7 1919

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 69805
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for David Woodrow Browning (Name on original certificate) who born (Was born or died) on June 17 - 1919 (Date of event)
in Idaho Falls, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on June 17 - 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	David Woodrow Browning

Subscribed and sworn to before me this 25th
day of July, 1944
Notary Public
Notary Public, residing at Idaho Falls, Ida
My commission expires 2/1/45
[SEAL]

Signed Amy L. Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
251 - 11th St. Idaho Falls, Idaho
(Street Address, City, State)
P.O. Box 924

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of July, 1944
Notary Public
Notary Public, residing at Idaho Falls Ida
My commission expires 2/1/45
[SEAL]

Signed Barca Christensen
(Signature of any credible person other than the previous affiant)
251 - 11th St Idaho Falls, Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 491-224-010-812

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69806

County of Bonneville

City of Idaho Falls

Registration District No. 23

File No.

No. St.

Primary Registration District No. 2110

Registered No. 122

Hospital

FULL NAME OF CHILD Mary Louise Draper

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 24 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Truman L Draper	FULL MAIDEN NAME	Esther Harlow
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Calhoun Ill	BIRTHPLACE	Calhoun Ill
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida

Registrar

Filed July 7 1919 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 893-104-010-294

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 69807

No. ..... St.

Primary Registration District No. 2140

Registered No. 121

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephrim Bert Hill	FULL MAIDEN NAME	Sabra Bedsaul
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lincoln Ida	BIRTHPLACE	Glenrock Wyo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar

Filed July 7 1919 [signature]

Registrar

219-228-010-314

PLACE OF BIRTH Amended 12/27/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 69808

No. ..... St.

Primary Registration District No. 2170

Registered No. 120

Hospital .....

FULL NAME OF CHILD Sarah Barlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6/28/1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Barlow	FULL MAIDEN NAME	Charlotte Campbell
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 6/28/19 at 8:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar

Filed 6/30 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 11 34 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69808

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barlow (female) (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1919 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sarah Barlow

Subscribed and sworn to before me this 17th day of Nov, 1978

Eldon H Bennett

Notary Public, residing at Clearfield Utah

My commission expires March 19-1980

(Seal)

Signed Weldon G Barlow

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1045 N Hampton Ave Ogden, Utah 84404

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Nov, 1978

Eldon H Bennett

Notary Public, residing at Clearfield Utah

My commission expires March 19-1980

(Seal)

Signed Mary Jo Wilson

(Signature of Any Credible Person)

1507 Childs Ogden Utah

(Street Address, City, State)

FORM DH 60-155

CL 10/30/78 ret'd $5 check

Certif of Blessing from the LDS Church gives name as Sarah Barlow daughter of George Edward Barlow and Charlotte Campbell. boen June 28, 1918 at Idaho Falls, Idaho. Blessed Aug 4, 1919. viewed by V. S.

DEC 27 1978

Certif of Baptism and Confirmation from the LDS Church gives nameas Sarah Barlow daughter of George Edward Barlow and Charlotte Campbell. born June 28, 1919 at Idaho Falls, ID Baptised Sept 3, 1927. viewed by V. S.

864-218-016-231

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69809

County of Bonneville

City of Lincoln

Registration District No. 13

File No.

No. St.

Primary Registration District No. 2110

Registered No. 119

Hospital

FULL NAME OF CHILD Virginia A. Young

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 18, 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo D. Young	FULL MAIDEN NAME	Eleanor Blake
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. O. Millar M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Filed 6/26 1919 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/13/41. w.h.

863-109-034-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

Registration District No. 19

File No. 69810

No. ..... St.

Primary Registration District No. 2015

Registered No. 127

Hospital .....

FULL NAME OF CHILD Robert James Holden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Holden	FULL MAIDEN NAME	Ila Sarah Severe
RESIDENCE	Hazelton, Ida.	RESIDENCE	Hazelton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mexico	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 7-10 1919

Registrar

Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1972

FEB 2 3 1976

2 2 1949

335-105-034-315

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert, R.F.D.

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 69811

Registered No. 128

FULL NAME OF CHILD Llewellyn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S.H. Llewellyn	FULL MAIDEN NAME	Iva Sanford
RESIDENCE	R.F.D. Rupert, Ida.	RESIDENCE	Rupert, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida

Filed 7-10 1919 Ett Ehmore Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-113-034-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69812

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 129

FULL NAME OF CHILD Myrle Scott Darling

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth June 13 (Month) (Day) 1919 (Year)

FATHER	MOTHER
FULL NAME Scott W. Darling	FULL MAIDEN NAME Viola Emily Byington
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Elmore

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-26 1919 E. W. Elmore Registrar

Form V. S. No. 278—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Rupert

Street and House No.

County Minidoka

Registered No. 129

Registration Dist. No. 19

Sex of Child male

Date of Birth June 13 1919
MONTH DAY YEAR

Father Scott A. Darling
FULL NAME

Mother Viola Emily Byington
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Myrl Scott Darling
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER

E. A. Elmore
LOCAL REGISTRAR

FEB - 1943

866-222-034-696

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 69813

Primary Registration District No. 2015

Registered No. 130

FULL NAME OF CHILD Phillis Hoopes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Hoopes	FULL MAIDEN NAME	Mary Fifield
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7-2-1919 Ett Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
VITAL STATISTICS
APR 2 9 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 69813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hoopes (female) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1919 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing and Baptism Certificates (Bible Record, Insurance Policy, Etc.) prepared on 1-6-1929 & 2-10-27 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Phillis Hoopes

Subscribed and sworn to before me this 31st day of March, 1975

Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-17-79
(Seal)

Signed Linda Hoopes Huntsman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2323 S. Emerson, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1975

Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-17-79
(Seal)

Signed Rudy Peterson
(Signature of Any Credible Person)

597 So. Fanning, Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/22/75 nm

Certif. of Blessing from the LDS Church gives name as Phillis Hoopes daugher of Benjamin Hoopes and Mary Fifield. born June 22, 1919. at Rupert, Idaho. Was Blessed Feb. 10, 1927. viewed by V. S.

APR 16 1975

Ins. Policy for Joseph Verdell Gallup dated Aug. 16, 1948. listed wife's name as Phillis Gallup. viewed by V. S. Poliyc No. 67327. Policy from. Pacific National Life Assurance Co.

363-126-034-265

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6981

County of Bonneville

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 131

FULL NAME OF CHILD Elmer Arthur Collins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 26 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Elmer Collins	FULL MAIDEN NAME	Alenda Amy Swensen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Elmore

Rupert Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 7-2 1919 E. A. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-127-834-951

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69815

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 132

Hospital .....

FULL NAME OF CHILD RICHARD AUBREY FRAZIER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	June 27 (Month) (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Aubrey Frazier	FULL MAIDEN NAME	Nell Lausden Rea
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Elmore

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7-2 1918 E. W. Elmore Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 69815

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH ~~OR DEATH~~)

for Frazer (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN ~~OR DIED~~) on June 27-1919 (DATE OF EVENT)

in Rupert, Idaho (PLACE OF EVENT) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 8- 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "~~CAUSE OF DEATH~~", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Richard Aubrey Frazier
Richard Aubrey Frazer		

Subscribed and sworn to before me this 8th day of February, 1943

Signed Aubrey C. Frazier (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1946.
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1943

319-229-034-355

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 69816

Primary Registration District No. 2013 Registered No. 133

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 29 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elbert S. Carter	Edith Lee
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) E. A. Elmore

M.D. (Physician or midwife)

Address .....

Filed 7-2-1917 E. A. Elmore Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-104-034-855

Form V. S. No. 11-C—25m-9-8-37

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69817

County of Minidoka

City of Paul

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 134

Hospital .....

FULL NAME OF CHILD Howard Victor Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	July 4 (Month) (Day) 191.9 (Year)

FATHER		MOTHER	
FULL NAME	Floyd W. Morrison	FULL MAIDEN NAME	Vera Avis Henry
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) E. H. Elsmore

M.D. (Physician or midwife)

Address .....

Filed 7-7-19 E. H. Elsmore Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-207-034-239

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH amended 8/18/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69818

County of Minidoka

City of Heyburn

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2013 Registered No. 135

Hospital .....

FULL NAME OF CHILD Thelma Christina Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 — 7 — 19 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Andersson	Thekla Victoria Stromberg
RESIDENCE	Heyburn	Heyburn
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

(Signature) E. H. Elmore

M. D. (Physician or midwife)

Address .....

Filed 7 — 7 — 19 19 E. H. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED AUG 4 1980

State of Utah
County of Salt Lake } ss.

Certificate No. 69818
Date Filed Aug 1, 1980

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 7, 1919 (Date of Event)

in Heyburn, (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Thelma Christina Anderson

Subscribed and sworn to before me this 1st day of August, 1980

Notary Public, [illegible]
Residing at Salt Lake City, Utah
My commission expires 10-10-82
(Seal)

Thelma Christina Anderson Hughes
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Thelma Christina Anderson daughter of Lars Anderson and Thekla V. Anderson born July 7, 1919 at Heyburn, Idaho. Blessed Aug 3 1919. viewed by V. S.

AUG 18 1980

Certif of Baptism from the LDS Church gives name as Thelma Christina Anderson daughter of Lars Anderson and Thekla V. Strausberg. born July 7, 1919 at Heyburn Idaho. Baptized july 7 1927. viewed by V. S.

361-219-034-122

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69819

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 136

FULL NAME OF CHILD Mildred Levere Coates

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 19 1917

FATHER		MOTHER	
FULL NAME	Lavar Paul Coates	FULL MAIDEN NAME	Leona May Abbott
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Edmonds

Physician (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-2 1917 E. H. Edmonds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Blaine }

Certificate No. 69819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Mildred Levere Coates (Name on Original Certificate) who born (Was Born or Died) on June 19th 1919 (Date of Event) in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mildred Levere Coate name	~~Mix~~ none given	Mildred Levere Coates

Subscribed and sworn to before me this 12th day of April, 1944

Notary Public, residing at Carey Idaho

My commission expires Feb. 25, 1944
(Seal)

Signed Mrs Leona Coates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Above)

Notary Public, residing at
(Street Address, City, State)

My commission expires
(Seal)

No Correction just a Copy

APR 15 (Previous Year)

APR 18 1944

942-121-034-215

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 69820

Registered No. 137

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 21 1919 (Month) (Day) (Year)
Male			

FATHER		MOTHER	
FULL NAME	James S. Rush	FULL MAIDEN NAME	Myrtle Sangwin
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 7-2 1919

Ett Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov 8 1966

213-219-033-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]IFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 69821

No. ..... St.

Primary Registration District No. 2178

Registered No. 27

Hospital .....

FULL NAME OF CHILD Marsha Ballif

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	6 (Month) 19 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John L. Ballif Jr	FULL MAIDEN NAME	Cora Hansen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 710 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7-7 1919 G G Espe
Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA
BUREAU
CBI

386-119-022-386

[redacted]

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69822

County of Fremont

City of Teton

No. _____ St.

Hospital _____

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 1

FULL NAME OF CHILD X

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. R. J. Thomson	FULL MAIDEN NAME	Effie Thomas
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Teton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Rexburg Idaho

Filed 7/5 1919

J. G. Gerfe Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11-23-60

PLACE OF BIRTH

713 - 229-033-219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Registration District No. 100 File No. 69823

Hospital ..... Primary Registration District No. 2178 Registered No. 2

FULL NAME OF CHILD Cecelia Mae Galbraith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 29, [redacted] 1919

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Herbert Galbraith	FULL MAIDEN NAME	Ida Mae Barber
RESIDENCE	Lyman, Idaho	RESIDENCE	Lyman, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lyman, Idaho	BIRTHPLACE	Salem, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:50 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. W. Martin

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 7/5/1919 [redacted] G.G. Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 69823

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Celia May Galbraith (Name on Original Certificate) who born (Was Born or Died) on April 29, 1919 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Celia May Galbraith	Cecelia Mae Galbraith
Full Maiden Name of Mother	Ida May Barber	Ida Mae Barber

Subscribed and sworn to before me this 19th day of April 1960

Notary Public, residing at Rexburg Idaho
My commission expires Jan 14, 1963
(Seal)

Signed Ida Mae Barber Galbraith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1960

Notary Public, residing at Rexburg Idaho
My commission expires Jan 14, 1963
(Seal)

Signed G. J. McKinley
(Signature of Any Credible Person)

154 West Main Rexburg Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 7-27-59. one copy pd. receipt #12768.

L.D.S. Church Certificate of Baptism and Confirmation, Aug. 7, 1927 gives full name of child as Cecelia Mae Galbraith, born April 29, 1919 at Lyman, Idaho to J. Herbert Galbraith and Ida M. Barber - viewed by V.S.

Own Child's Birth Certificate on file: #291902 gives full maiden name of mother as Cecelia Mae Galbraith - viewed by V.S.

Mother's Own Birth Cert. on file: #388907 gives full name as Ida Mae Barber - viewed by V.S.

Another child's Birth Cert. on file: #142348 gives full maiden name of mother as Ida Mae Barber - viewed by V.S.

643-209
033-264.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-[illegible]

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 69824

Registered No. 3

FULL NAME OF CHILD VERA FULLMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5 9 1919

FATHER		MOTHER	
FULL NAME	Cecil R Fullmer	FULL MAIDEN NAME	Rose Sommer
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7 15 1919

G G Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3-13-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 13 9 32 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69824

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Fullmer (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1919 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Vera Fullmer

Subscribed and sworn to before me this 12th day of March, 1974

Florence Burtsright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Ida Fullmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs certificate on file with State of Idaho, under state file # 48=6921 gives maiden name of mother as Vera Fullmer. Chi ld born June 14, 1948.
Viewed by V.S.

MAR 1 3 1974

Certificate of Blessing issued June 1, 1919 by L.D.S Church gives name as Vera Fullmer daughter of Cecil Ross Rullmer and Ida Rosezina Sommer. Born May 9, 1919 in Madison County, Idaho, and blessed on June 1, 1919.
Viewed by V.S.

613-211-033-319

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-3-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69[illegible]5

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 4

FULL NAME OF CHILD Maurine Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	5 (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Esmond L. Walker	FULL MAIDEN NAME	Violet Candera
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7/5 1919

G. G. Espe
Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK THIS IS A PERMANENT RECORD

282-212-033-269

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69826

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	5 12 1919

FATHER		MOTHER	
FULL NAME	Abb Byber	FULL MAIDEN NAME	Cleo Sorensen
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~still~~ born alive at 8 55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7/5 1919

G G Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-114-033-866

Form V. No. 17-C—25m-9-8-17

69827

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 6

FULL NAME OF CHILD DOUGLAS HOWARD HUMPHREY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 14 1919

FATHER		MOTHER	
FULL NAME	Howard Humphrey	FULL MAIDEN NAME	Blanche Howard
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7/5 1919

G G Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT REC...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Fremont } ss.

Certificate No. 69827
Date Filed OCT 29 1941 RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Douglas Howard Humphrey (Name on original certificate) who unborn (Was born or died) on May 14-1919. (Date of event)
in Rexburg (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Humphrey	Douglas Howard Humphrey

Subscribed and sworn to before me this 25
day of October 1941.
Paul P. Stone
Notary Public, residing at Ashton, Idaho
My commission expires July 16-1945.
[SEAL]

Signed Mrs Howard Humphrey
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Ashton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of October, 1941.
Paul P. Stone
Notary Public, residing at Ashton Idaho
My commission expires July 16-1945
[SEAL]

Signed H M. Humphreys
(Signature of any credible person other than the previous affiant.)
Ashton, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAR 2 6 1965

154-115-033-553

PLACE OF BIRTH

County of Madison

City of Sunny Dell

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 69828

Primary Registration District No. 2178 Registered No. 7

FULL NAME OF CHILD Chester Delos Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 15 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Chester Anderson	FULL MAIDEN NAME	Clara Mayme Nelson
RESIDENCE	Sunny Dell	RESIDENCE	Sunny Dell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Starkville Colorado	BIRTHPLACE	Brooklyn Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth -1- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Rexburg Idaho

Filed 7/15 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy Issued Feb. 25, 1911. E.A.

JUN 3 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-117-033-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69829

County of Madison

City of Burton Idaho — Registration District No. 100 — File No.

No. ____ St. — Primary Registration District No. 2178 — Registered No. 8

Hospital ____

FULL NAME OF CHILD John H. Beardall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 17 1917

FATHER	MOTHER
FULL NAME Mr. John R. Beardall	FULL MAIDEN NAME Margaret P. Hill
RESIDENCE Burton Idaho	RESIDENCE Burton Idaho
COLOR White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Logan Utah	BIRTHPLACE Elk Mountain Wyoming
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 7/5 19 17 — J. G. Keeler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 21 9 45 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69829

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Beardall (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1919 (Date of Event)
in Burton, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John H. Beardall

Subscribed and sworn to before me this 8th day of Nov., 19 77.

Notary Public, residing at Rexburg, Idaho

My commission expires 5-24-80

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

CL 9/27/77

Certif of Ordination to the Holy Priesthood gives name as John H. Beardall ordained a Deacon on Nov 22, 1931. born May 17, 1919. Baptized June 4, 1927. Father's name as John Beardall. mother's name as Margaret Hill. viewed by V. S. APR 3 1978

Insurance policy from Bankers Life and Casualty Co., Chicogo Illinois gives name as John H. Beardall. dated March 31, 1971. born 5-17-19. viewed by V. S.

493-217-033-843

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69830

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 9

FULL NAME OF CHILD Ruby Eleanora

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	5 17 1919

FATHER		MOTHER	
FULL NAME	Wm L Dillon	FULL MAIDEN NAME	Minerva E Hutton
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ut	BIRTHPLACE	Pa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7/5 1919

G G Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT ...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-118-022-694

Amended 9/22/77

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

Registration District No. 100

File No. 69831

Primary Registration District No. 2178

Registered No. 10

FULL NAME OF CHILD Leo Paul Seibold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 18 1919

FATHER		MOTHER	
FULL NAME	Fredrick Seibold	FULL MAIDEN NAME	Frieda S. Wettstein
RESIDENCE	Newdale Ida	RESIDENCE	Newdale Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Switz
OCCUPATION	Grocerman	OCCUPATION	

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3229 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7/15 1919

G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECO...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1968

may be 89831

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69831

Date Filed .....

2 01 PM '77

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Siebold (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1919 (Date of Event) in Newdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
County of Birth	Madison	Fremont
Child's Name	Unnamed	Leo Paul Seibold
Father's Last Name	Siebold	Seibold
Mother's Maiden Name	Freda S. Widstein	Frieda S. Wettstein

Subscribed and sworn to before me this 30 day of November, 1976

W C Cushing

Notary Public, residing at Rupert

My commission expires May 2 1978

(Seal)

Signed Bruce A Neilauer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of November, 1976

W C Cushing

Notary Public, residing at Rupert

My commission expires 2 May 1978

(Seal)

Signed Norman Seibold

(Signature of Any Credible Person)

Rt 3 Rupert, Idaho 83350

(Street Address, City, State)

FORM DH 60-155

CL. 2-15-68. 1 copy pd. Rec. #24975.

Certif of Baptism and Confirmation from the LDS Church gives name as Leo Paul Seibold son of Fredrick Seibold and Frieda Wettstein. born May 18 1919 at Newdale Idaho Baptized June 4 1927. viewed by V. S SEP 23 197

Family group record from the LDS Church gives name of father as Frederick Seibold and mother's name as Frieda Susanna Wettstein. child's name as Leo Paul Seibold born May 18 1919 in Newdale, Idaho. viewed by V. S.

154-218-033-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 69832

Primary Registration District No. 2178

Registered No. 11

FULL NAME OF CHILD Valerie May Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	5 18 1919

FATHER		MOTHER	
FULL NAME	Samuel S Anderson	FULL MAIDEN NAME	Catherine L Smith
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 525 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7/5 1919

G G Espe
Registrar

Registrar

MARGIN RESERVED FOR BIND.

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANEN.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 69832

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Valerie May Anderson (Name on Original Certificate) who was Born (Was Born or Died) on May 18th 1919 (Date of Event)
in Thornton Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on January 29th 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mrs Valerie Young	Valerie Mae Anderson	
name	none given	Valerie May Anderson

Subscribed and sworn to before me this ~~13th~~ 13th
day of April 1944

W Stowell

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1946
(Seal)

Signed S. S. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Thornton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of April 1944

W Stowell

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1946
(Seal)

Signed Erma Hansen
(Signature of Any Credible Person Other Than Previous Year)

Thornton, Idaho
(Street Address, City, State)

APR 19 1984

266-223-033-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69833

County of Madison

City of Rexburg Idaho

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 12

Hospital

FULL NAME OF CHILD X Betty Jane Bowman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	May-23-1919

FATHER		MOTHER	
FULL NAME	Roy Bowman	FULL MAIDEN NAME	Gladys Van Orsdall
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pendleton, Oregon	BIRTHPLACE	Weir, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) O. W. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed June 1919

G. G. Espe Registrar

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1 1943

437-224-033-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 69834

Primary Registration District No. 2178

Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	5 24 1919

FATHER		MOTHER	
FULL NAME	Peter McGarvey	FULL MAIDEN NAME	Flossy Jones
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7/5 1919

G G Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

McGarry

231-228-033-753

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69835

...ACE OF BIRTH
...Madison
...Rexburg
...St.
...tal

Registration District No. 100 File No.
Primary Registration District No. 2178 Registered No. 14

...LL NAME OF CHILD Ruth Antoinette Blackbun

...x of ...ild	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7			5 28 1919

FATHER		MOTHER	
FULL NAME	Josiah Blackburn	FULL MAIDEN NAME	Nettie Peck
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wy.	BIRTHPLACE	Wt
OCCUPATION	Bldg Contractor	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2459 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe
M D
(Physician or midwife)

Given names added from a supplemental report.

...19...
Registrar

Address
Filed 7/5 1919

G G Espe
Registrar

MARGIN RESERVED FOR BIND...
WRITE PLAINLY WITH UNFADING INK. THIS IS A P...
N. B. In case of more than one child at birth a SEPARATE RET... and the number of each, in order of birth

MAR 14
No....
City of..
County of.. 1941

294-130-033-312 Added Child's Full Name 11-2-2005 lmc

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT R...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 69836

Primary Registration District No. 2178 Registered No. 15

FULL NAME OF CHILD CLAUDE BIDIMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	5 30 1919

FATHER		MOTHER	
FULL NAME	Jokie Bidiman	FULL MAIDEN NAME	Luella Casper
RESIDENCE	Roxburg Ida	RESIDENCE	Roxburg Ida
COLOR	W AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 7/5 1919

G G Espe Registrar

6/26/95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 69836
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Male Bidiman (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 30, 1919 (Date of Event)

in Thornton, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Bidiman	Claude Bidiman

Subscribed and sworn to before me this 26 day of June, 1995.

Notary Public, Teresa L. Cleverly
Residing at Boise Idaho
My commission expires April 3, 1997
(Seal)

x George Bidiman
Signature of Applicant

x 2398 N 00 E american Fork rt.
Street Address, City, State 84003

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own death certificate on file in Idaho #69836 gives name as Claude Bidiman diaed Oct. 24, 1921 in Burton, Madison Co., Idaho viewed by VS

369-202-033-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Registration District No. 100

File No. 69837

Primary Registration District No. 2178

Registered No. 16

Hospital Marjorie

FULL NAME OF CHILD ~~[illegible]~~ Knuty Corley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James. Arthur Corley	FULL MAIDEN NAME	Anna Margerite Knuty
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Sedalia Mo	BIRTHPLACE	Germany
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

Filed 7/5 1919

[illegible] Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1969

266-205-033-231 . . .

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69838

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 17

FULL NAME OF CHILD Beth Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7			6 5 1919

FATHER		MOTHER	
FULL NAME	Clyde P Bowen	FULL MAIDEN NAME	Sue Stacey
RESIDENCE	Thornton Ida	RESIDENCE	Thornton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 455a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 7/15 1919

G G Espe
Registrar

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ohio
County of Franklin } ss.

Certificate No. 69838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bowen (female) (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1919 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by school records (Bible Record, Insurance Policy, Etc.) prepared on June 30, 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Bowen	Beth Bowen

Subscribed and sworn to before me this 30 day of June, 1971

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Columbus, Ohio
My commission expires NOTARY PUBLIC, FRANKLIN COUNTY, OHIO MY COMMISSION EXPIRES MARCH 11, 1975 (Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1971

Signed [signature] (Signature of Any Credible Person)

Notary Public, residing at Columbus, Ohio
My commission expires NOTARY PUBLIC, FRANKLIN COUNTY, OHIO MY COMMISSION EXPIRES MARCH 11, 1975 (Seal)

1655 Essex Rd. Cols. Ohio (Street Address, City, State)

FORM DH 60-155 6-25-71 (CL)

Report card from Public Schools of Pocatello, Idaho. gives name as Beth Bowen. School: P.H.S. Second semester. Viewed by V. S.

JUL 1 1971

National Honor Society of Secondary Schools membership card. issued to Beth Bowen signed by R. H. Church. Viewed by V. S.

693-108-033-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69839

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 18

FULL NAME OF CHILD Lowell Withers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			6 8 1919

FATHER		MOTHER	
FULL NAME	Geo Withers	FULL MAIDEN NAME	Clara Clark
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Eng.	BIRTHPLACE	Eng.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1230 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Esfe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7/5 1919

G G Esfe
Registrar

MARGIN RESERVED FOR BIND.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMAN.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made in and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 69839

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lowell Withers (Name on Original Certificate) who was Born (Was Born or Died) on June 8- 1919 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Bible Record - 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lowell Withers

Subscribed and sworn to before me this 18th day of May, 1942

Signed George L. Withers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Garfield Utah

My Commission expires July 7th 1939

1208 East 33 So. Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1942

Signed Lyson W. Withers
(Signature of Any Credible Person Other Than Previous Year)

Notary Public residing at Garfield Utah

Garfield, Utah
(Street Address, City, State)

My commission expires July 7, 1942.
(Seal)

MAY 19 1942

253-109-033-846

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 69840

Primary Registration District No. 2178 Registered No. 19

FULL NAME OF CHILD Orville Leon Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Orville M. Bell	FULL MAIDEN NAME	Deloris Anna Huff
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Rexburg Idaho.	BIRTHPLACE	Telon Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Rexburg Idaho

Filed July 5 1919 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-120-033-547

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69841

County of Madison

City of Rexburg Idaho

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No. 20

Hospital

FULL NAME OF CHILD Robert Edgerton Maynard

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth June 20 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred. C. Maynard	FULL MAIDEN NAME	Ruth Edgerton
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sheboygan Wisconsin	BIRTHPLACE	Yankton South Dakota
OCCUPATION	Seedman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ott Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg Idaho

Filed 19 19

Registrar

Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RE

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

[illegible]

[illegible]

65842

City of Roxburg

No. 319-228-033-563 St.

Registration District No. 100

Primary Registration District No. 2178

File No.

Registered No. 21

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	6 28 1917

FATHER		MOTHER	
FULL NAME	Joseph Eldorus Larsen	FULL MAIDEN NAME	Minnie Dorthea Noller
RESIDENCE	Roxburg Ida	RESIDENCE	Roxburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	N. J.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 7/5 1917

G. G. Espe Registrar

Form V. S. No. U-C [illegible]

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

PLACE OF BIRTH

County of [illegible]

415-130-026-453

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL STATISTICS

No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69843

County of Jefferson

City of Lorenzo

No. _____ St.

Hospital _____

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 22

FULL NAME OF CHILD Rex V. Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		2nd	June 30th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vern Davis	FULL MAIDEN NAME	Amorie Mecham
RESIDENCE	Lorenzo Idaho	RESIDENCE	Lorenzo I daho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wallsburg Utah	BIRTHPLACE	Wllsburg Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On JUne 30th 1919 at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed 7/5 1919

[signature]
Registrar

Registrar

S-CO 3807

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Summit }

Certificate No. 60843

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Davis (Name on Original Certificate) who was born (Was Born or Died) on June 30th, 1919 (Date of Event) in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on July 30th, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Davis	Rex V. Davis

Subscribed and sworn to before me this 20th day of 19th July, 1945.

Notary Public, residing at Kamas, Utah

My commission expires July 15th, 1946

(Seal)

Signed Sumner Davis Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kamas, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

JUL 26 1945

893-101-023-284

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69844

County of Madison

City of Sunnydell

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No. 23

Hospital

FULL NAME OF CHILD Ira Lynn Hillman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1st	July 1st 1919

FATHER		MOTHER	
FULL NAME	Ben Ira Hillman	FULL MAIDEN NAME	Helen Brunson
RESIDENCE	Sunnydell Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sunnydell Idaho	BIRTHPLACE	Marion Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 1st. 1919 at 4-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carley Nelson

M. D.
(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

19

Registrar

Filed July 19 19

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 8 1961

L.D.S. Church Cert. of Blessing, July 19, 1921 gives full name of child as Ira Lynn Hillman, born July 1, 1919 at Sunnydell, Idaho to Ben I. Hillman and Hellen Brunson - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, July 1, 1928 gives full name of child as Ira Lynn Hillman, born July 1, 1919 at Sunnydell, Idaho to Ben Hillman and Helen Brunson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 69844

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hillman (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1919 (Date of Event) in Sunnydell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Hillman	Ira Lynn Hillman

Subscribed and sworn to before me this 8 day of May, 1961

Notary Public, residing at Rexburg

My commission expires 1-25-64

(Seal)

Signed Helen B. Hillman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

17 E 1st N REXBURG, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 1961

Notary Public, residing at Rexburg

My commission expires 1-25-64

(Seal)

Signed Ben I. Hillman
(Signature of Any Credible Person)

17 E 1st N REXBURG, IDAHO
(Street Address, City, State)

FORM DPH 55.155

NN 5-20-57 nm

JUN 12 1961
[illegible] 1967

719-202-033-365

[redacted]

V. S. No. 11-C

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69845

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD ROENE PARKER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7			7 2 1919

FATHER		MOTHER	
FULL NAME	Lorenzo R. Parker	FULL MAIDEN NAME	Alice Saville Long
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 805 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 7/5 1919

G. G. Espe Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RE

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 82945
Date Filed Dec. 13, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for name on original Cert. Omitted (Name on original certificate) who was born (Was born or died) on July 2, 1919 (Date of event)
in Rexburg, Idaho (Place of event) ~~was erroneous or omitted~~ her; and that, to the best of ~~his~~ knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on July 3, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Parker	Roene Parker

Subscribed and sworn to before me this 13th
day of December, 19 41.
Jno. H. Falk, Clerk of the Dist.
Court, Sixth Judicial Dist.
~~Notary Public~~, residing at Blackfoot, Idaho
My commission expires Jan. 13, 1943.
[SEAL] By M. Murphy Deputy

Signed Alice Leville Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Moreland, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of December, 19 41.
Jno. H. Falk, Clerk of the Dist.
Court, Sixth Judicial Dist.
~~Notary Public~~, residing at Blackfoot, Idaho
My commission expires Jan. 13, 1943.
[SEAL] By M. Murphy Deputy

Signed Lorenzo T. Parker
(Signature of any credible person other than the previous affiant.)
Moreland, Idaho
(Street Address, City, State)

Received for filing on DEC 15 1941 By
(Registrar's signature)

634-207-033-766 amended 8-13-81

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69846

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 25

FULL NAME OF CHILD Fredna Inez Oldham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	7 7 1919

FATHER		MOTHER	
FULL NAME	Wm B. Oldham	FULL MAIDEN NAME	Emma Pfost
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nt	BIRTHPLACE	Ida
OCCUPATION	School Teacher	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3,30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/15 1919

G. F. Espe
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RE.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-19-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss. Bureau of Vital Statistics

Certificate No. 69846
Date Filed 9

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Oldham (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-7-19 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
		Ineda Ivy Oldham
childs name	Unnamed	

Subscribed and sworn to before me this 8th day of July, 1981

Notary Public, Ronald A. Webb
Residing at Bountiful Utah
My commission expires 4/3/84
(Seal)

Ineda Ivy Oldham
Signature of Applicant

546 1100 So. Bountiful, Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 1981.

Notary Public, Ronald A. Webb
Residing at Bountiful Utah
My commission expires 4/3/84
(Seal)

Donnie L Evans
Supporting Signature

Street Address, City, State

lcc pd

Cert of Blessing from LDS Church gives Fredra Inez Oldham born 7-7-19 at Hibbard, to Wm B Oldham and Emma Pfost. Blessed 8-3-19 Hibbard Ward Fremont Stake. Viewed by V.S.

AUG 13 1981

New York Life Ins. Co. Policy gives insureds name as Fredra I Anderson . Policy # 18-559 868. Policy effective date is 1-6-44. Viewed by V.S.

819-107-033-313

Form V. S. No. 11-C

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 69847

Primary Registration District No. 2178 Registered No. 26

FULL NAME OF CHILD Joseph Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	7 7 1919

FATHER

FULL NAME Joseph R Harris

RESIDENCE Rexburg Ida

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Adelaide Calloway

RESIDENCE Rexburg Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mt

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Cook

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7/5 — 19 G W Cooper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT R...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb [illegible], 19[illegible]. [illegible]

386-201-040-551

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69848

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 29

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harry Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			July (Month) 1st (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Geo Thompson	FULL MAIDEN NAME	Elizabeth Eva
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7/3 1919 Geo. S. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

993-228-040-256

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69850

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 27

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Pauline Rickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female				May 26th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lyman Rickman	FULL MAIDEN NAME	Ella Brown
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was / Boy (Born alive or stillborn), at 10 P M. on the date above stated.

(Signature) W. C. Lindsay

(Physician or midwife)

Address .....

Filed 7/3 1919 Geo. D. Lesher Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-228-040-693

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69851

County of Shoshone

City of Kellogg Ida.

Registration District No. 1 V 3

File No. 16

No. ..... St.

Primary Registration District No. V N O 1

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillian Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes	Feb 28th 1919

FATHER		MOTHER	
FULL NAME	Siger Peterson.	FULL MAIDEN NAME	Ethel Wilson
RESIDENCE	Kellogg Idaho.	RESIDENCE	Kellogg Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Norway.	BIRTHPLACE	Wisconsin.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Lundberg

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Registrar

Address .....

Filed 7/3/19 Geo. A. Lesher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-103-040-491

PLACE OF BIRTH

County of Shoshone

City of Kellogg. Registration District No. 123 File No. 75

No. ____ St. Primary Registration District No. 1201 Registered No. ____

Hospital ____

FULL NAME OF CHILD Chester Lee Flansburg.

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69852

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	May 3 1917

	FATHER	MOTHER
FULL NAME	Lee Roy Flansburg.	FULL MAIDEN NAME Freda Maud Drais
RESIDENCE	Kellogg	RESIDENCE Kellogg.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Maine	Oregon
OCCUPATION	Smelter Man	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) F. L. Mason

(Physician or ~~midwife~~)

Address ____

Filed 7/3 1917 Geo. S. Lasher
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/22/41

168-107-040-751

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69853

Registration District No. 123 File No. 24

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Waldemar Pearson Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		3	Yes	April 7 1919

FATHER	MOTHER
FULL NAME Ernest G. Johnson	FULL MAIDEN NAME Astrid Constan Pearson
RESIDENCE Kellogg.	RESIDENCE Kellogg.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Norway.
OCCUPATION Mill Hand	OCCUPATION Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address _____

Filed 7/3 1919 Geo. S. Lesher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD — WRITE PLAINLY WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1969

JAN 22 1981

691-206-040-753

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69854

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 23

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital ..... Jeannette

FULL NAME OF CHILD ~~Jeannette~~ Congetta Frank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	6	yes	June 6 1919

	FATHER	MOTHER
FULL NAME	Carmen ~~Carmelo~~ Frank	Jiacovetta ~~Rose Tecortta~~
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	25
BIRTHPLACE	Italy	Kellogg Idaho
OCCUPATION	Teamster & Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Registrar

Filed 7/3 1919 Geo. S. Lesher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 9 1914

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida.

4. **FULL NAME OF CHILD** Jeannette C Frank

5. Date of Birth of Child (Month, day, year) June 6, 1919

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carmen Frank
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Messina (City or town) Italy (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Jiacovetta
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kellogg Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Frank (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 25 years, and that Dr. (First name) Hardy (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Frank Signature

302 N Elm - Kellogg Ida. P. O. Address

Subscribed and sworn to before me this 4 day of NOV., 1944

(SEAL) Commission expires July 30, 1945. Mary M. Steel, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Taylor, Registrar

DELAYED REGISTRATION LAW

(19[illegible] n Laws, Chapter 139, Section 4)

Where the birth [illegible] d born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and [illegible] the local registrar for record in the Bureau of Vital Statistics for [illegible] ses and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-209-040-199

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim-8-8-17

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69855

Registration District No. 1 V 3

File No. V V

Primary Registration District No. V V 0 1

Registered No. .....

FULL NAME OF CHILD Frances Jane Cole

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 1st

Legitimate? Yes

Date of Birth: Apr. (Month) 9 (Day) 1917 (Year)

FATHER

FULL NAME: John Silas Cole

RESIDENCE: Wardner Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Spokane Wash.

OCCUPATION: miner

MOTHER

FULL MAIDEN NAME: Irene Leona Van Ausdal

RESIDENCE: Wardner Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Oregon Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. E. Hardy M.D.

Physician

(Physician or midwife)

Address Kellogg Ida.

Filed 7/3 1917 Geo. S. Lesher Registrar

3) 1942

864-129-040-994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Gardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

69856

Registration District No. 123

File No. 201

Primary Registration District No. 701

Registered No. .....

FULL NAME OF CHILD James Francis Yount

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			2nd	yes	Mar 29 1919

FATHER		MOTHER	
FULL NAME	Raymond James Yount	FULL MAIDEN NAME	Millie Florence Redonk
RESIDENCE	Gardner Idaho	RESIDENCE	Gardner Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Sprague Wash
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 .... Number of children of this mother now living, including present birth 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. V. Hand M.D.

Physician

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/3 1919 Geo. S. Lesher

Registrar

SEP 27 1956

AUG 31

266-125-040-114

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

69857

Registration District No. 123 File No. 20

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Milton J. Bauman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	4th	yes	Mar. 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philip Gus Bauman	FULL MAIDEN NAME	Cora Maud James
RESIDENCE	Kingston Idaho.	RESIDENCE	Kingston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Anaconda Montana	BIRTHPLACE	Carbonada Wash.
OCCUPATION	Farmer - Mill wright	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg Idaho

Filed 7/3 1919 Geo. S. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/17/40 L. B.

259-202-014-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69858

PLACE OF BIRTH

County of Canyon

City of .....

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. .....

Registered No. 47

FULL NAME OF CHILD Dortha Fay Seiber

Sex of Child Fem.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sammuel J Seiber	FULL MAIDEN NAME	Alpha May Tooley
RESIDENCE	Parma R #3	RESIDENCE	Parma R. #2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed June 5 1919 Lulu Waldrop

Registrar

OCT 7 1943

298-224-014-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 107 3 File No. 69859

Primary Registration District No. 21852007 Registered No. 48

FULL NAME OF CHILD Jeneva Bryant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy B. Bryant	FULL MAIDEN NAME	Nedith Hilton
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Golden Missouri	BIRTHPLACE	Sholton Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Bosch

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Wilder Ida

Filed July 5 1919 Lulu Waldorf Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-229-014-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 4073 File No. 6960

Primary Registration District No. 21832007 Registered No. 49

FULL NAME OF CHILD Mila Jessie Day

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	Yes	Jan 19 1919

FATHER

FULL NAME Berthram C. Day

RESIDENCE Wilder

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minnesota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel Ida Waldron

RESIDENCE Wilder

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

(Signature) A. B. Meeks M.D.

M.D. (Physician or midwife)

Address Wilder Idaho

Filed July 5 1919 Lulu Waldron Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1954

892-117-014-986

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3

File No. 69861

Primary Registration District No. 2007

Registered No. 50

FULL NAME OF CHILD Leland Merle Hibbs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Neal Row Hibbs	FULL MAIDEN NAME	Ethel May Rhoads
RESIDENCE	Wilder Ida	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Dallas Co. Iowa	BIRTHPLACE	Edgar Co. Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 a M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boach

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed July 5 1919 Lulu Waldrop
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE

713-228-014-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. ~~107~~ 3

Primary Registration District No. ~~2155~~ 2007

File No. 69863

Registered No. 52

FULL NAME OF CHILD Edna Verna Patterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth April (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Bert Patterson	FULL MAIDEN NAME	Emma Sweet
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	U.S.A.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Beach

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wilder Ida.

Filed 7/5 1919 Lulu Naldrop

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of GEM

Certificate No. 69863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for EDNA VERNA PATTERSON (Name on Original Certificate) who (Was Born or Died) on APRIL 28, 1919 (Date of Event) in WILDER, CANYON COUNTY, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Verna Patterson

Subscribed and sworn to before me this 15th day of July, 19 43

Geo C Huebener

Notary Public, residing at Emmett, Idaho.

My commission expires April 28, 1946
(Seal)

Signed Walter Bert Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

EMMETT, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 16

493-129-014-236

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. _____ St.

Hospital Home

Registration District No. 3

File No. 69864

Primary Registration District No. 2007

Registered No. 53

FULL NAME OF CHILD Howard Arthur Mills

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	H. V. Mills	FULL MAIDEN NAME	Verna F. Stockman
RESIDENCE	Wilder	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Springbrook Ore.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Bouck

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Wilder Ida

Filed 7/5 1919 Luka Waldrip
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

235-227-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 69865

No. ..... St.

Primary Registration District No. 2007

Registered No. 54

Hospital at Home

FULL NAME OF CHILD Willa Roberta Blenkinsop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 27 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William B. Blenkinsop	FULL MAIDEN NAME	Agnes B. Rooney
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	England	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-46 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6/30 1919 Lulu Waldorf

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 255-203-031-784

Form V. S. No. 11—25m-1-1-18

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

City of Nezpere

Registration District No. 2124

File No. 69866

No. ..... St.

Primary Registration District No. .....

Registered No. 14

Hospital .....

FULL NAME OF CHILD Edith May Beenders

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 3 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Frank Beenders	FULL MAIDEN NAME	Mary Wilma Ghuke
RESIDENCE	Nezpere Ida	RESIDENCE	Nezpere - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nezpere Idaho

Albert Huff Registrar

Filed July 10 1919

Albert Huff Registrar

S-Y CO. 24656

SEP 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~693-2-30~~ 31-569

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69867

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 14

FULL NAME OF CHILD June Lo Rane Williams

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pollo Rogers Williams	FULL MAIDEN NAME	Myrtle Edna Nordyke
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist M.D.

Nezperce Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 1919

Address .....

Albert Huff Registrar

Filed 7 8 1919 Albert Huff Registrar

S-Y CO. 24658

26-204-031-769

PLACE OF BIRTH

Amended 2-29-56

County of Lewis

City of Nezperce

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 69868

Primary Registration District No. 124 Registered No. 15

FULL NAME OF CHILD ROTHA MAE SWARTZ
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 1 1919

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Lea Verne Swartz	FULL MAIDEN NAME: Zella May Garrison
RESIDENCE: Nezperce, Ida.	RESIDENCE: Nezperce, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

Albert Huff
Registrar.

(Signature) John Gish

Physician & Surgeon
(Physician or midwife)

Address Nezperce, Idaho

Filed July 8 1919 Albert Huff
Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of YAKIMA

Certificate No. 69868

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rotha Mae Schwartz (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1919 (Date of Event)
in Nez Perce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Certificate March 20, 1922 and Certificate of Graduation prepared on May 19, 1933 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Schwartz	Swartz
Name of town	Nez Perce	Nezperce

Subscribed and sworn to before me this 14th day of February 1956

Frank D. McKibben
Notary Public, residing at Sunnyside
My commission expires 11-23-56
(Seal)

Signed L Wm Swartz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of YAKIMA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of February 1956

Frank D. McKibben
Notary Public, residing at Sunnyside
My commission expires 11-23-56.
(Seal)

Signed Mrs. Zella Mae Swartz
(Signature of Any Credible Person)

1320 E Edison, Sunnyside Wash
(Street Address, City, State)

FORM DPH 55-155

319-127-031-231

[redacted]

Form V. S. No. 11—25m-1-1-15

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69869

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

Registration District No. 47 File No. _____

Primary Registration District No. 2124 Registered No. 15

FULL NAME OF CHILD Gail Benton Carey Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 27 1919

FATHER		MOTHER	
FULL NAME	Gail Benton Carey	FULL MAIDEN NAME	Mayme Lillian Stapleton
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sprague - Wash	BIRTHPLACE	Mimo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 21 Number of children of this mother now living, including present birth 1 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist

Physician & Surgeon

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Albert Huff Registrar

Address Nezperce Idaho

Filed 7-8 1919 Albert Huff Registrar

2-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 24, 1941. E.W.

FEB 22 1946

DEC 19 1941

[redacted]

349-116-031-619

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69870

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 16

FULL NAME OF CHILD Jessie Wilfort Turner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loyd Arthur Turner	FULL MAIDEN NAME	Jessie Ann Farmer
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Imperial Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 Alive (Born alive or stillborn) at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John F. Gist

Thomas J. Sunyeon (Physician or midwife)

Address Nezperce Idaho

..... 19....

Albert Huff Registrar

Filed 7-8 1919 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-109-031-613

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69871

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 16

FULL NAME OF CHILD Howard Le Roy Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Jerome Hess	FULL MAIDEN NAME	Hannah Lora Fallmer
RESIDENCE		RESIDENCE	Nezperce Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Spokane Wash	BIRTHPLACE	Bismark N Dak
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... 12 ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist
Physician or Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Idaho

Albert Huff Registrar

Filed 7—8 1919 Albert Huff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

493-224-031-249

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69872

County of Lewis

amended Dec. 6, 1977

City of Nezpiece

Registration District No. 47

File No.

No. St.

Primary Registration District No. 2124

Registered No. 16

Hospital

FULL NAME OF CHILD Marcelline Catherine Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth April (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Lester Gay Miller	FULL MAIDEN NAME	Helena Blanche Burke
RESIDENCE	Nezpiece - Idaho	RESIDENCE	Nezpiece Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Gist

Sergeon & Physician (Physician or midwife)

Given names added from a supplemental report.

Address Nezpiece Idaho

19

Albert Hoff Registrar

Filed 7 8 19 9 Albert Hoff Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/6/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 10 1 24 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce

Certificate No. 69872

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marcelline Catherine Miller (Name on Original Certificate) who was born (Was Born or Died) on may 2, 1919 (Date of Event)
in Nezperce, Id. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	May 2, 1919	April 24, 1919

Subscribed and sworn to before me this 10th day of October, 19 77

Barbara Clark
Notary Public, residing at Lewiston, Idaho
My commission expires 10-10-77
(Seal)

Signed Marcelline C. Miller Schiller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1401 E. Broadway, Glendale, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 19 77

Barbara Clark
Notary Public, residing at Lewiston, Idaho
My commission expires 10-10-77
(Seal)

Signed Claude M. Miller
(Signature of Any Credible Person)

2317 Sunset Dr. Lewiston
(Street Address, City, State)

FORM DH 60-155

DEC 6 1977

Certificate of baptism lists name as Marcelline Catherine Miller, born April 24, 1919. Baptism took place on June 7, 1919 in Roman Catholic Church Nez Perce, Idaho.
viewed by V.S.Dec.6,1977

Student record, NezPerce High School, Nez Perce, Idaho, lists Marcelline Miller's date of birth as April 24, 1919. She entered high school on September 4, 1933.
Viewed by V.S. December 6, 1977

445-119-025-259

PLA[redacted]

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. 69873

Registered No. 22

FULL NAME OF CHILD Zella Dunlap

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Percy Dunlap	FULL MAIDEN NAME	Wildred Keith
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Percy Dunlap

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed July 5 1919

J M Verbeeknows
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-230-025-719

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69874

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. .....

Registered No. 21

FULL NAME OF CHILD Lillian Mildred Laine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 30 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Laine	FULL MAIDEN NAME	Susana Parienthal
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Oscar Laine

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed July 5 1919

J M Verbeek Kearns
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-129-025-8[illegible]

Form V. S. No. [illegible]

PLACE OF BIRTH

[illegible] IDAHO
[illegible]AL STATISTICS
[illegible]E OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 106

File No. 69875

No. ..... St.

Primary Registration District No. 2184

Registered No. 20

Hospital .....

FULL NAME OF CHILD Walter Alec Harri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Henry Harri	FULL MAIDEN NAME	Aliina Heikkila
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Harri

Father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed June 30 1919 J M Verbeekmoes Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-195-025-[illegible]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] OF BIRTH

69876

County of Idaho

City of Kooskia

Registration District No. 106

File No.

No. St.

Primary Registration District No. 2184

Registered No. 19

Hospital

FULL NAME OF CHILD Elbert-Kenneth Hendren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May (Month) 5 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Elbert-Hendren	FULL MAIDEN NAME	Stella Reed
RESIDENCE	Harris Ridge Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert Hendren

Father (Physician or midwife)

Given names added from a supplemental report

19

Address Kooskia - Idaho

Registrar

Filed June 30 1919

J M Verbeekemers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

764-106-044-[redacted]

PLACE OF [redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 85

File No. 69877

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Chester Vernon Godlove.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	May 6 1919

FATHER		MOTHER	
FULL NAME	Perry Grant Godlove.	FULL MAIDEN NAME	Anna B. Hopper
RESIDENCE	Cambridge - Idaho	RESIDENCE	Cambridge - Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49.	AGE AT LAST BIRTHDAY (Years)	39.
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	H. wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal live (Born alive or stillborn) at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Waterman

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cambridge Idaho

Filed July 1 1919 C. E. Schmitz

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1973

693-104-044-25-1

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69878

County of [illegible]

City of Cambridge Registration District No. 88 File No.

No. St. Primary Registration District No. 2164 Registered No.

Hospital

FULL NAME OF CHILD Franklin Earl Hicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Male			Yes	July 4 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME	John Edward Hicks	FULL MAIDEN NAME Mae Bonnie Pease
RESIDENCE	Cambridge Idaho	RESIDENCE Cambridge Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Nebraska
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 12:30 P.M.

(Signature) R. H. Thurman M.D.

(Physician or midwife)

Address Cambridge Idaho

Filed July 1 1919 C E Schenk Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942
JAN 26 1943

MAR 24 1953

799-215-004-993

PLACE OF BIRTH
amended 3/6/74
amended 3/5/81

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53

Primary Registration District No. 7 B 2

File No. 69880

Registered No. .....

FULL NAME OF CHILD Inez Price

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	6/15/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fredrick J Price.	FULL MAIDEN NAME	Gertrude Rich.
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Book Keeper	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:20 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Paris Idaho

Filed 6/10/19

F. Sutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. 69880

Date Filed Jan. 17, 1974

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Price (Female) (Name on Original Certificate) who was born (Was Born or Died) on 6/15/19 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mothers own verification April, 27, 1972 (Bible Record, Insurance Policy, Etc.) prepared on Jan 22, 1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Inez Price
mother's maiden name	Gertrude Price Rich	Gertrude Rich

Subscribed and sworn to before me this 17 day of January, 1974

Notary Public, residing at Della D. Stimpson
My commission expires May 25, 1976
(Seal)

X Signed Gertrude R. Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/24/72 nm

2-22-74 1 cc pd.

K

MAR 6 1974

Note from Bishop R. Eugene Christensen gives name as Inez Price. born June 15, 1919 at Paris, Idaho. from the records of Springdale Ward, Cassia East Stake of the LDS Church. father's name given as Frederick John Price. mother's name given as Gertrude Rich. Viewed by V. S.

FEB 5 1981

Statement by mother (Gerturde Rich Price) gives child's name as Inez Price Zollinger gives birthdate as June 15, 1919 at Paris, Idaho/ viewed by V. S.

366-167-004-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

County of .... Bear Lake ....

City of .... Paris .....

No. ..... St.

Hospital ....

Registration District No. 53

Primary Registration District No. 2132

69881

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... Gordon Morris Low. .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	6/17/19 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Morris Low.	FULL MAIDEN NAME: Betrice Gardner
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Paris	BIRTHPLACE: Salt Lake City
OCCUPATION: Teacher	OCCUPATION: House Wife

Number of child of this mother, including present birth ... 2 .... Number of children of this mother now living, including present birth .. 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was .. Alive ... (Born alive or stillborn) ..... at 3:30 P. M. on the date above stated.

(Signature) ..... M. D.

(Physician or midwife)

Address ..... Paris .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed ..... 6/10/19 ..... 19 .....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1969

613-218-004-295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2km-9-8-17

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 53

Primary Registration District No. 2132

File No. 69882

Registered No. .....

FULL NAME OF CHILD Verla LaRee Wallantine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	6/18/19 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Darwin B. Wallentine	FULL MAIDEN NAME	Rowein King
RESIDENCE	Lanark.	RESIDENCE	Liberty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Fulton

Md. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris, Idaho

Registrar

Filed 6/18/19

R J Fulton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 9 1944

734-126-004-344

PLACE OF BIRTH

Amended 6/13/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53

Primary Registration District No. 2132

File No. 69883

Registered No. .....

FULL NAME OF CHILD Keith L. Stucki

Sex of Child Male

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 (Month) 26 (Day) 1919 (Year)

FATHER

FULL NAME Wm B. Stucki

RESIDENCE Paris

COLOR W

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Paris

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Millie Ludlum

RESIDENCE Paris

COLOR W

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Paris

OCCUPATION House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Sutton

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Registrar

Filed 6/10 1919

P. Sutton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 9 27 AM '79 VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 69883

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Unnamed Stucki (Name on Original Certificate) who was born (Was Born or Died) on May 26, 1919 (Date of Event)

in Paris (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Keith Ludlum Stucki

Subscribed and sworn to before me this 1st day of May, 19 79

OFFICIAL SEAL
GALE A. KNOX
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 7, 1982

Notary Public residing at Arcadia, California
My commission expires May 7, 1982
(Seal)

Signed Lillian Bohler Stucki
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1715 Sunburry Lane D Redbury, Ca. 91810
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 19 79

OFFICIAL SEAL
GALE A. KNOX
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 7, 1982

Notary Public residing at Arcadia, California
My commission expires May 7, 1982
(Seal)

Signed Joan O. Pondenbach
(Signature of Any Credible Person)

1315 Riviera Drive Pandora CH 91107
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 9-7-78 fc (S)

I. D. card for California Horse Racing Borad (License) gives name as Keith L. Stucki. born 5-26=29 # 556-o31000. dated 1972 #39787. viewed by V. S

JUN 13 1979

Honorable Discha.ge f~om the U.S . Army gives mame as Kieth L. ~~Stucki~~ Stucki bcrn May 26, 1919. viedwed by V.S.

v

313-113-004-997 amend name 8-25-83 dl

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

69884

County of Bear Lake

City of Paris

Registration District No. 53

File No.

No. ..... St.

Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD ~~Farnum Calton Jr~~ Boyd Farnum Calton

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 13th 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Farnum Calton	FULL MAIDEN NAME	Luella Ruth Rigby
RESIDENCE	Paris Ida	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

Filed 6/10/19

[signature] Registrar

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1968

JAN 27 1981

8-9-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of ~~Vital~~ Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

AUG 22 1983

Certificate No. 69884
Date Filed _____

The undersigned does solemnly swear that certain facts on the ~~birth~~ Statistics certificate of birth

for Farnum Calton Jr. (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 13, 1919 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Farnum Calton Jr.	Boyd Farnum Calton

Subscribed and sworn to before me this 8/16 day of _____, 19 83

Notary Public, Barbara Broberg

Residing at Colusa, Ca.

My commission expires 1-11-86

(Seal)

NOTARY PUBLIC - CALIFORNIA
COLUSA COUNTY
My comm. expires JAN 11 1986

Boyd F. Calton
Signature of Applicant

1107 Market St. Colusa, CA.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Family Group Record Sheet that was Notarized Nov 18, 1977 lists Boyd Farnum Calton as son born May 13, 1919 in Paris and was baptised May 6, 1928. Viewed by V.S.

AUG 1983

Diploma from Montpelier High School gives Boyd F Calton graduated May 19, 1939. Viewed by V.S.
Honorable Discharge from U.S. Army lists Boyd F Calton was discharged on Oct 18, 1945. Viewed by V.S.

442-112-004-269

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

Registration District No. 53

File No. 69885

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	6 (Month) 12 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy. Dukes	FULL MAIDEN NAME	Emma Sounson
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Fulton

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Paris

Filed 6/10/19

P. J. Fulton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-206-003-168

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 235 So Harrison St.

Hospital

STATE [redacted]

BUREAU OF V[redacted]TICS

CERTIFICAT[redacted]

Form V. S. No. 11-C—25m-9-8-15

69886

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2357

FULL NAME OF CHILD Norma Betsy Burns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	U	U	Yes	May 6 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Russel Burns	Nora Rembina Johnson
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Ottawa, Can.	Pocatello, Idaho
OCCUPATION	R. R. Engr	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 6, 1919 [illegible]
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CE OF IDAHO
TAL STATUS
ATHS OF BIRTH

295-216-003-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69887

County of Bannock

City of Pocatello

No. 240 W Lovejoy

Hospital

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2360

FULL NAME OF CHILD Martha Gladys King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May (Month) 16 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Arthur King	FULL MAIDEN NAME	Marie Beckel
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Box Elder, Nebr	BIRTHPLACE	Geltner, Nebr
OCCUPATION	Clerk. R.R.	OCCUPATION	H Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed June 6 1919 O B Steele
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-116-003-869

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69888

Registration District No. 84 File No. 48

Primary Registration District No. 2161 Registered No. 2361

FULL NAME OF CHILD No name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. J. Newman	FULL MAIDEN NAME	Ella Horkley
RESIDENCE		RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 10, 1919 O B Lee
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-224-003-275

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 840 S 4th Ave

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

69889

Registration District No. 34 File No. 49

Primary Registration District No. 2161 Registered No. 23[illegible]

FULL NAME OF CHILD Veda Elaine Satterfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ammon Y. Satterfield	FULL MAIDEN NAME	Jane D. Spence
RESIDENCE	840 S 4th Ave Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Goldville Alabama	BIRTHPLACE	Wellesville, Utah
OCCUPATION	Manager Farmers Equity	OCCUPATION	Hswf

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address 407-11 Kane Bldg, Pocatello Idaho

Registrar

Filed June 10 1919 P. B. Greeley

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1956

FEB 5 1945

759-202-003-439 CHILD'S NAME ADDED, 6-27-2008 CMW

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69890

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2363

FULL NAME OF CHILD MURIEL LOUISE PERSHALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 2 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Hudson Pershall	FULL MAIDEN NAME	Mary McRae
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington (State)	BIRTHPLACE	Minnesota
OCCUPATION	R R Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J McRay (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed May 10, 1919 O B Steele

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN - 4 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1919-69890
Date Filed 05/10/1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unnamed Pershall (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/02/1919 (Date of Event)

in Pocatello (Bannock Co), Id. (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	none	Muriel
child's middle name	none	Louise

Subscribed and sworn to before me this 30 day of May, at Guaranty Bank, Linn County, IA 2008

Notary Public, Krista Rettkowski

Residing at (notarizing signature in blue ink.)

My commission expires (Seal) 3-5-10

Donna G. Seipel 5/30/08
Donna G. Seipel
Signature of Applicant

517 Nodaway Dr. Center Point IA 52213
Street Address, City, State and Zip

KRISTA RETTKOWSKI
Commission Number 727263
My Commission Expires
3-5-10

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires (Seal) _____

_____
Signature of Applicant

_____
Street Address, City, State and Zip

December 4, 2007

WA MARRIAGE CERT NO 11356 WILLIAM EDWIN GASKILL & MURIEL LOUISE PERSHALL MARRIED 4-22-1939 IN KITSAP(KITSAP CO), WA VIEWED BY VS

WA BC #1940-94 DONNA LEE GASKILL BORN 9-3-1940 IN BREMERTON (KITSAP CO), WA MOTHER'S MAIDEN NAME: MURIEL LOUISE PERSHALL VIEWED BY VS

366-111-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of ~~Pocatello~~ Downey

Registration District No. 84 File No. 69891

No. ..... St.

Primary Registration District No. 2161 Registered No. 2364

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 11 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm Barney Coffin	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	Downey, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Downey, Ida	BIRTHPLACE	Springville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed May 20, 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

195-212-003-165

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69892

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2365

FULL NAME OF CHILD Helen Lois Arnold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	5 12 1919

FATHER		MOTHER	
FULL NAME	Cleveland Columbus Arnold	FULL MAIDEN NAME	Sadie Jones
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Lowell, Arkansas	BIRTHPLACE	Same
OCCUPATION	R R Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 11 1919 O B Lee
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1900

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 18 1968
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 69892

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Arnold (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 12 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Lois Arnold

Subscribed and sworn to before me this 12th day of June, 1968.

Notary Public, residing at Pocatello, Idaho

My commission expires

(Seal)

Signed Sadie Alene Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)

1124 N. Hayes Pocatello, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1968.

Notary Public, residing at Pocatello, Idaho

My commission expires

(Seal)

Signed Minnie M. Runge
(Signature of Any Credible Person)

337 No 12th Pocatello Ida
(Street Address, City, State)

FORM DH 60.155 CL 5-20-68. one copy pd. rec. #32969

Photo copy of Grade School Transcript, 1932-1937, gives name of student as Helen Lois Arnold, E. L. Bell, Registrar, Pocatello High School - viewed by VS. JUL 5 1968

Photo copy of School Transcript, 1933-1937, gives name of student as Helen Lois Arnold, born May 12, 1919, at Pocatello, Idaho to C.C. Arnold, Independent School District No. 1, Pocatello, Idaho, graduated 5-28-37 - viewed by VS.

Supreme Forest Woodmen Circle Insurance Policy, Oct. 24, 1934, gives name as Helen Lois Arnold, Age 16, lists beneficiaries as Sadie Arnold, Mother and Cleveland Arnold, Father - viewed by VS. Insurance Policy No. 139677.

Juvenile Benefit Certificate, Neighbors of Woodcraft Insurance Policy, #13766, Oct. 30, 1929, gives name as Sadie Olena Arnold, lists beneficiary as Helen Lois Arnold, daughter - viewed by VS. (Helen age 10)

466-217-003-867

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69893

County of Bannock

City of Pocatello

No. 638 W. Fremont St.

Hospital

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2366

FULL NAME OF CHILD Susan B. Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	5 17 1919

FATHER		MOTHER	
FULL NAME	Thos Oscar Moore	FULL MAIDEN NAME	Mary Hopkins
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Platsmouth, Nebr.	BIRTHPLACE	Pocatello, Ida.
OCCUPATION	R R Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kay

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 11 1919 O B Dusch

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-121-003-814

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 955 No. 10th St.

Hospital

Form V. S. No. 11-C—25m-8-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69894

Registration District No. 84 File No. 49

Primary Registration District No. 2161 Registered No. 2367

FULL NAME OF CHILD Robert Samuel Garbett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1919

FATHER		MOTHER	
FULL NAME	Rolf Mitchell Garbett	FULL MAIDEN NAME	Charlotte Hanson
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Brigham City, Utah
OCCUPATION	Wholesale Grocerymans C.M.D.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D M Kay

(Physician or midwife)

Address Pocatello Idaho

Filed June 1, 1919 O B Steed

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 69894
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1919 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Own Child's Birth Cert. (Bible Record, Insurance Policy, Etc.) prepared on office. (Robert Shawn Garbett) on file in this Church Records Cert. of Baptism (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Robert Samuel Garbett

Aug. 7, 1927
Viewed by V.S.

Subscribed and sworn to before me this 27 day of Sept 1956
Alfred S Horrocks
Notary Public, residing at Pocatello Idaho
My commission expires Dec 28, 1957
(Seal)

Signed Mrs Charlotte S Garbett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
955 N 10 ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 1957
Alfred S Horrocks
Notary Public, residing at Pocatello Idaho
My commission expires Dec 28, 1957
(Seal)

Signed George A Garbett Sr.
(Signature of Any Credible Person)
1037 E CARTER
(Street Address, City, State)
POCATELLO. IDAHO.

FORM DPH 55.155

295-125-003-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

AMENDED

CERTIFICATE OF BIRTH

City of Pocatello November 4, 1946

No. 758 N. Harrison St. Registration District No. 84 File No. 69895

Hospital Primary Registration District No. 2161 Registered No. 2368

FULL NAME OF CHILD Jack Robert Breitweiser

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	May 25 1919

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Russell Breitweiser	FULL MAIDEN NAME: Klea Winegar
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Lincoln, Nebraska	BIRTHPLACE: Parker, Idaho
OCCUPATION: Machinist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J Carmont

Physician (Physician or midwife)

Address Pocatello

Filed June 16 1919 O. R. Seeley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~STATE OF CALIFORNIA~~
County of CITY AND COUNTY OF SAN FRANCISCO } ss.

Certificate No. 69895
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Breitweiser (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	X Jack Breitweiser	✓ Jack Robert Breitweiser
Birth Date	X May 25, 1919	May 24, 1919

Subscribed and sworn to before me this 28th day of October, 1946.
Irene B. O'Brien
Notary Public, residing at San Francisco Calif
My commission expires Nov. 26-1947
(Seal)

Signed Mrs. Klea W. Breitweiser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of STATE OF CALIFORNIA
County of CITY AND COUNTY OF SAN FRANCISCO } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 28th day of October, 1946.
Irene B. O'Brien
Notary Public, residing at San Francisco Calif
My commission expires November 26, 1946
(Seal)

Signed Russell Llewellyn Breitweiser
(Signature of Any Credible Person)
1091 Bush St San Francisco
(Street Address, City, State)

993-226-003-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69896

County of Bannock

City of Pocatello

Registration District No. 27

File No.

No. 1009 Park Ave. St.
Fairview Add.

Primary Registration District No. 2161

Registered No. 2361

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	5 26 1919

FATHER		MOTHER	
FULL NAME	Ralph R Rice	FULL MAIDEN NAME	Viola Stephenson
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Demoines, Iowa	BIRTHPLACE	Albion, Idaho
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or stillborn~~) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed June 1, 1919 O B Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

523-227-003-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69897

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 84 File No. 7

Primary Registration District No. 2161 Registered No. 2370

FULL NAME OF CHILD Pauline Estes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 27 19 9

FATHER		MOTHER	
FULL NAME	Rufus P. Estes	FULL MAIDEN NAME	Dora Massey
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Argenta, Ills.
OCCUPATION	Tel Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Pocatello, Idaho.

Filed June 10, 19 19 [signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1 1942

455-128-003-435

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69898

County of Bannock

City of Pocatello

No. 157 No. 4th St.

Hospital St Anthony

Registration District No. 84

File No. 44

Primary Registration District No. 2161

Registered No. 2371

FULL NAME OF CHILD Robert E. DeVaney

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	May 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael DeVaney	FULL MAIDEN NAME	Sarah McNichols
RESIDENCE	157 No 4th Av Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rush Hill Mo	BIRTHPLACE	Aspen Colo
OCCUPATION	Locomotive Engineer	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W T Howard MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 407-11 Kane Bldg Pocatello Idaho

Filed June 10, 1919

O B Seeley

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

962 - 207 - 029 - 415

[redacted] S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF B[redacted] **69899**

County of Latah.

City of Potlatch

No. _____ St.

Hospital _____

Registration District No. 65

Primary Registration District No. 2145

File No. _____

Registered No. _____

FULL NAME OF CHILD Irma. June. Ross.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓		✓	yes.	June 7 1919

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ivor. Ross.	Mary. Danielson.
RESIDENCE	Potlatch.	Idaho Potlatch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28.	27
BIRTHPLACE	Wash.	Idaho
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson.
M.D.
(Physician or midwife)

Address Potlatch

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 1st 19 19. Dr. J.W. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1970

JUN 16 1943

345-206-029-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

69900

Registration District No. 65 File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Ruth. Elizabeth Kemp.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓	✓	yes.	June 6 1919

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nelson. Kemp.	FULL MAIDEN NAME	Laura E. Smith.
RESIDENCE	Idora - Potlatch -	RESIDENCE	Potlatch.
COLOR	white.	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33. (Years)
BIRTHPLACE	Iowa -	BIRTHPLACE	Iowa -
OCCUPATION	Farmer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. at 6 0. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. Jr. Thompson
M.D.
(Physician or midwife)

Address Potlatch

Filed June 25 1919 Dr. Jr. Thompson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

Certificate No. 69900
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ruth Elizabeth King (Name on original certificate) who was born (Was born or died) on June 6, 1919 (Date of event)
in Potlatch (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	~~Jan. 13, 1919~~	June 6, 1919

Subscribed and sworn to before me this 29th
day of August, 1941.
HARRY A. THATCHER, Ex-Officio
Auditor and Recorder, Latah County
By ..... Deputy
Notary Public residing at .....
My commission expires Jan. 7, 1943
[SEAL]

Signed Laura E. King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Potlatch, Idaho, RFD#1
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Latah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of August, 1941.
HARRY A. THATCHER, Ex-Officio Auditor
and Recorder Latah County
By ..... Deputy
Notary Public residing at .....
My commission expires Jan. 7, 1943
[SEAL]

Signed Bertha Woody
(Signature of any credible person other than the previous affiant)

426 East 1st, Moscow, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMAN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

City of Portland — Registration District No. 65 — File No.

No. ____ St. — Primary Registration District No. 2145 — Registered No.

Hospital

FULL NAME OF CHILD Frank Ritsch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	June 21 1919

FATHER		MOTHER	
FULL NAME	Valentine Ritsch	FULL MAIDEN NAME	Mary Ritsch
RESIDENCE	Portland R F D	RESIDENCE	Portland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) Dr. J. H. Thompson

(Physician or midwife)

Address Portland Oregon

Filed June 23 1919 — Dr. J. H. Thompson — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y-CO. 38071

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SENT TO
mail to address

Amended March 18, 1953

PLACE OF BIRTH

454-107-029-681

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Registration District No. 65 File No. 69902

Hospital ..... Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD RAYMOND EARL DE MERS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 7 1929

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Adelard F. DeMers	FULL MAIDEN NAME	Julia Frank
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minn.
OCCUPATION	shoe maker	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.
(Physician or midwife)

Address Potlatch

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 14 1929 Dr. J. W. Thompson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Affadavit-

State of Idaho)
; ss Affadavit,
County of Latah)

Regarding birth certificate
record of birth of Raymond DeMers.

I, the undersigned, hereby certify that I am a citizen of the United States, resident of the State of Idaho, ; That I am personally acquanted with The DeMers Family,- former residents of Genesee, Idaho

I certify that, Adelard F. DeMers (Del H. DeMers) is the father of Raymond Earl DeMers, Deceased, who was born April 7th 1919, at Potlatch, Idaho, -

Name of father as shown in the recorded birth certificate (T H. DeMers) is in error,

[signature]

Subscribed and sworn to before me a Notary public in Genesee, Idaho, this 12th. day of January, 1953.

Donald C. Springer

Notary Public, Genesee, Idaho.

RECEIVED
MAR 18 1953
DIVISION OF VITAL
STATISTICS

291-123-025-238

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 60983

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Mark Raymon Graves.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓	✓	yes	May 23 1914

FATHER		MOTHER	
FULL NAME	John Graves.	FULL MAIDEN NAME	Mary Schinner.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39. (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 P M. on the date above stated.

(Signature) J. H. Thompson M. D. (Physician or midwife)

Address Potlatch Idaho.

Filed June 12 1914. J. H. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-217-018-655

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69904

County of Custer

City of White Knob

Registration District No. 76

File No. 5

No. ..... St.

Primary Registration District No. ~~52~~ 2653 ~~25~~

Registered No. .....

Hospital .....

FULL NAME OF CHILD Susan Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	8	Yes	March 17 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M J Smith	FULL MAIDEN NAME	Nellie Wed
RESIDENCE	White Knob	RESIDENCE	White Knob
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn	BIRTHPLACE	Oregon
OCCUPATION	Mining	OCCUPATION	Mother

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Farrell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed 7/7 1919 R. Nowacki

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1943

212-116-019-265

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lucta

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76

File No. 69905

Primary Registration District No. ~~5125~~ 2153

Registered No. .....

FULL NAME OF CHILD Harlynde Patrick Baker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	Om	2	Yes	Mar. 16 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred B Baker	FULL MAIDEN NAME	Marie Bonner Baker
RESIDENCE	Mackay, Ida.	RESIDENCE	Mackay, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Eugene Oregon.	BIRTHPLACE	Butte Montana.
OCCUPATION	Clerk.	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Farrell

(Physician ~~or midwife~~)

Address Mackay Ida

Given names added from a supplemental report.

..... 19.....

Filed 1/7 1919 R. Nowack

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1943

1/30/41 L. E.

449-111-019-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

09906

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 7

Primary Registration District No. ~~5125~~ 2153 Registered No. .....

FULL NAME OF CHILD Charles Newton Murphy.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	Yes	March 11 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Murphy.	FULL MAIDEN NAME	Anna Josephine Gilboy.
RESIDENCE	Mackay	RESIDENCE	Mackay.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Ireland.	BIRTHPLACE	Holyoke. Mass.
OCCUPATION	Miner.	OCCUPATION	Home wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Lancee

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay

Filed 7/7 1919 R. Nowacki

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-102-019-493

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69908

County of Custer

City of Grouse

No. _____ St.

Hospital _____

Registration District No. 76 2153

Primary Registration District No. ~~2125~~

File No. 9

Registered No. _____

FULL NAME OF CHILD Kenneth William Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	yes	May 2 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bryan Ernest Taylor	FULL MAIDEN NAME	Edith Elizabeth Miller
RESIDENCE	Grouse	RESIDENCE	Grouse
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Darlington	BIRTHPLACE	Helena Mont.
OCCUPATION	Stockman	OCCUPATION	Teacher

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth ~~None~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Marion

Filed 7/7 1919 Rose Nowacki Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-115-019-291

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69909

County of Custer

City of Darlington

No. ..... St.

Hospital .....

Registration District No. 76 File No. 18

Primary Registration District No. ~~5125~~ 2153 Registered No. .....

FULL NAME OF CHILD Oscar Bradford Terry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	yes	Mar. 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Terry	FULL MAIDEN NAME	Jane Hazel Bradford
RESIDENCE	Darlington, Butte Co. Idaho	RESIDENCE	Darlington, Butte Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairview - Sanpete Co. Utah	BIRTHPLACE	Spanish Fork, Utah Co., Utah
OCCUPATION	Farmer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 M. on the date above stated.

(Born alive or stillborn)

(Signature) N B Farrell

(Physician or midwife)

Address Marion

Filed 7/7 1919 Rose Nowacki

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-128-019-549

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69910

County of Custer

City of Mackay

No. _____ St.

Hospital _____

Registration District No. 76 File No. 11

Primary Registration District No. ~~5125~~ 2153 Registered No. _____

FULL NAME OF CHILD Vernon Harvey Ewing

Sex of Child Male | Twin Triplet or other? 1 and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Ranson Ewing	FULL MAIDEN NAME	Lillie Ethel Edrington
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Howard, Kansas	BIRTHPLACE	Moark, Ark.
OCCUPATION	Farmer & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) N H Farrell

(Physician or midwife)

Address Mackay

Filed 7/7 1919 Rose Nowacki

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 2010

MAY 22 1951

SEC

469-114-019-85-9

PLACE OF BIRTH

County of Shoshone

City of White Knot. No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 16 2153 5125 File No. 12 9911

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Robert Alden Morrow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		3	Yes	Jan. 14 1919

FATHER	MOTHER
FULL NAME: Silas Posey Morrow	FULL MAIDEN NAME: Mary Alma Reinhardt
RESIDENCE: White Knot, Idaho	RESIDENCE: White Knot, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Caldwell, Idaho	BIRTHPLACE: Cheyenne, Wyo.
OCCUPATION: Blacksmith	OCCUPATION: Teacher

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was I am alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) W. H. Farrell

(Physician or midwife)

Address Mack

Filed 18 1919 R. [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

691-216-019-5-93

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69012

County of Custer

City of Mackey

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. ~~5125~~ 2153

File No. 13

Registered No. .....

FULL NAME OF CHILD Bernice Frandsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	1	5	yes	16th February 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Niels Frandsen	FULL MAIDEN NAME	Mary A Nielson
RESIDENCE	Barton	RESIDENCE	Barton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Redmond Utah	BIRTHPLACE	Redmond Utah
OCCUPATION	Rancher & Stockraiser	OCCUPATION	House-keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackey

Filed 7/8 1919 Rose Nowacki

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1966

652-228-019-667

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69913

County of Custer

City of Mackay

Registration District No. 76

File No. 14

No. ____ St.

Primary Registration District No. 2153 5125

Registered No. ____

Hospital ____

FULL NAME OF CHILD Jean Lucile West.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	2	Yes.	Feb 28 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin West.	Minnie Fox.
RESIDENCE	Dickey Idaho	Dickey Idaho.
COLOR / AGE AT LAST BIRTHDAY (Years)	White. 46	White. 41
BIRTHPLACE	Idaho.	Penn.
OCCUPATION	Rancher.	House wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 7 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. H. Farrell

(Physician or midwife)

Address Mackay Idaho

Filed 7/8 19 19 Rose Nowacki
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212 [redacted] 212-205
[redacted] 228-255

F[redacted]RTH

STAT[redacted]
BUREAU OF [redacted]

County of Kootenai

City of Worley.

Registration District No. 46 File No. 69914

No. ..... St.

Primary Registration District No. 2123 Registered No. 70

Hospital .....

FULL NAME OF CHILD Geraldine Bass.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	Two	yes.	July 5 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charlie Bass.	FULL MAIDEN NAME	Cora Effie Keeling.
RESIDENCE	Worley, Idaho.	RESIDENCE	Worley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28
BIRTHPLACE	Wichita, Kansas.	BIRTHPLACE	Exeter, Missouri.
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Three (3). Number of children of this mother now living, including present birth Three (3).

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. at 9-20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, DC
Accoucheur.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho.

Filed July 12 1919 W. L. Gregg
Registrar

Registrar

S-Y CO. 24553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

212-105
028-255

PLACE OF BIRTH

County of Kr[illegible]

City of Worley.

Registr[illegible] 46 File No. [illegible]

No. ..... St.

Primary R[illegible] No. 2123 Registered No. 69

Hospital .....

FULL NAME OF CHILD Gerald [illegible]

Sex of Child	Twin ~~Triplet or other?~~	Legitimate?	Date of Birth
Male	Twin } and [illegible] (To be answered only i[illegible])	yes	July (Month) 5th (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charlie Bass.	FULL MAIDEN NAME	Cora Effie Keeling.
RESIDENCE	Worley, Idaho	RESIDENCE	Worley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wichita, Kansas	BIRTHPLACE	Exeter, Missouri.
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two (2) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9-0 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.
Accoucheur.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Plummer, Idaho.

Filed July 12 1919 H. J. Jaeger
Registrar

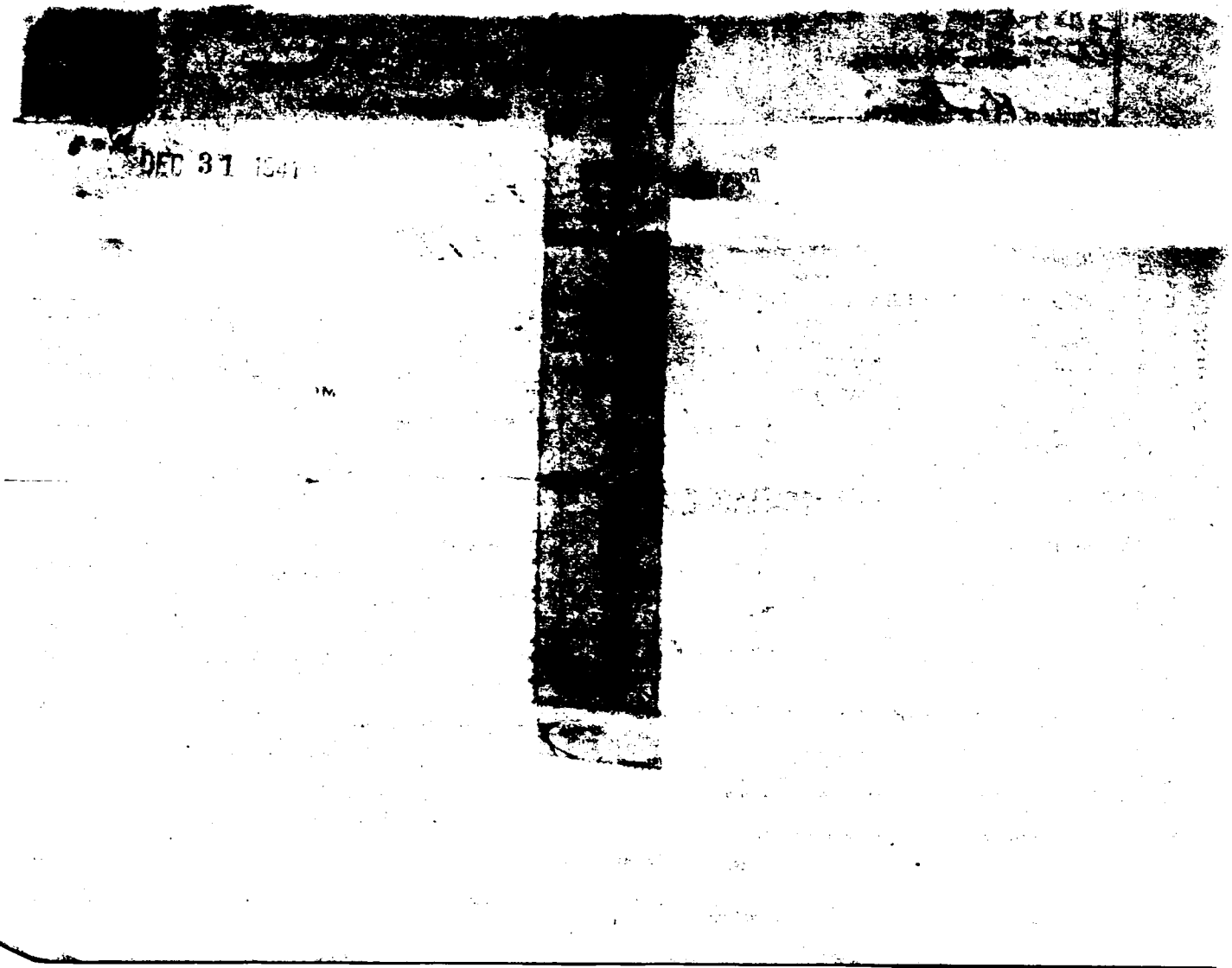
Registrar

6-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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693-202
044-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No R. F. D No 1 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 69[illegible]

Registration District No 86.

Primary Registration District No 3112

File No

Registered No. 44

FULL NAME OF CHILD

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births)

and Number in order of birth

Legitimate? Yes

Date of birth June 2nd (Month) (Day) 1919 (Year)

FATHER

FULL NAME Henry Wittie

RESIDENCE Weiser Ida. R.F.D No 1

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Germany.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Shaw

RESIDENCE Weiser Ida. R.F.D No 1

COLOR White AGE AT LAST BIRTHDAY 33. (Years)

BIRTHPLACE Idaho.

OCCUPATION Home wife

Number of child of this mother, including present birth 5.

Number of children, of this mother, now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or Midwife)

Address Weiser Ida.

Filed June 2nd 1919 W. R. Hamilton Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

745-201-044-745

No. ..... St.

Registration District No. 86

File No. 69917

Primary Registration District No. 1010

Registered No. 45

Hospital Weiser General

FULL NAME OF CHILD Eleanor Olive

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	#	#	No	June 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Williams	FULL MAIDEN NAME	Gladys Pundleburg
RESIDENCE	Shelley Ida	RESIDENCE	Huntington Oreg
COLOR	Cane	COLOR	Cane
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible] Huntington, Oregon

(Physician or midwife) [illegible]

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 3rd 1919 W R Hamilton

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69917

County of Washington

City of Wise

No. ..... St.

Hospital Wise General

Registration District No. 86

Primary Registration District No. 1010

File No. .....

Registered No. 45

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	June 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Williams	FULL MAIDEN NAME	Gladys Candlebury
RESIDENCE	Shelby Idaho.	RESIDENCE	Huntington, Ore.
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio.	COLOR	White
OCCUPATION	Ranching	AGE AT LAST BIRTHDAY	(Years)
		BIRTHPLACE	England
		OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Staunton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Huntington Ore.

Filed June 3rd 1919 W. R. Staunton

Registrar

Copy

Registrar

PLACE OF BIRTH

MARGIN RESERVED ... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

[redacted] F IDAHO
[redacted] AL STATISTICS

County of Washington 944-124 044-466

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 86

File No. 69918

No. 1st & W. Main St.

Primary Registration District No. 1010

Registered No. 46

Hospital

FULL NAME OF CHILD Charles Rubin Zumalt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Zumalt	FULL MAIDEN NAME	Bertha Moore
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed 6/15 1919 W B Hamilton

Registrar

Registrar

STATE O

LAGE OF

226-46-
044-355

PLACE OF [redacted]

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69919

County of Wa[redacted]r

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2112 Registered No. 47

Hospital

FULL NAME OF CHILD Skow

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 16 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Skow	Lucinda Lee
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Denmark	New Mexico
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Waterhouse

Physician

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 17 19 19 W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-129-003-532

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84 File No. 49

No. ..... St.

Primary Registration District No. 2161 Registered No. 2372

Hospital Pocatello General

FULL NAME OF CHILD Donald William Snedden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	4 (Month) 29 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Richard Snedden	FULL MAIDEN NAME	Priscilla Nesbit
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	White AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Picture showman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed May 10, 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-230-003-592

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69921

County of Bannock

City of Pocatello

No. 1711 Wilson St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 149

Registered No. 23/2

FULL NAME OF CHILD May Agnes Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 30 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Taylor	FULL MAIDEN NAME	Maud Nish
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Cache Valley, Ut
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho

19

Filed June 10, 1919

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]
APR 7 1944

391-131-003-113

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69922

69922

County of Bannock

City of Pocatello

Registration District No. 84

File No. 144

No. ..... St.

Primary Registration District No. 2161

Registered No. 2374

Hospital Pocatello General

FULL NAME OF CHILD No name Robert Miles Crafton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 31 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Crafton	FULL MAIDEN NAME	Gladys Jackson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 21, 1919 O B Greer

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1965

712-204-003-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69823

County of Bannock

City of Pocatello

Registration District No. 84 File No. 1

No. ..... St.

Primary Registration District No. 2161 Registered No. 2375

Hospital Pocatello Gen Hosp.

FULL NAME OF CHILD Harriet Irene Gabbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Curtis Gabbert	FULL MAIDEN NAME	Nancy Belle Dotson
RESIDENCE	Crystal, Idaho.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	West Union, W. Va.	BIRTHPLACE	Same
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. McCay

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed June 20, 1919 O. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 8 10 08 AM '73

State of Idaho
County of Bannock } ss.

Certificate No. 69923

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gabbert (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Gabbert	Harriet Irene Gabbert

Subscribed and sworn to before me this 1st day of March, 1973

Notary Public, residing at Pocatello, Idaho
My commission expires 3-1-76
(Seal)

Signed Harold Gabbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

705 So Harrison Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1973

Notary Public, residing at Centerville Utah
My commission expires Oct 16, 1976
(Seal)

Signed Walter L. Peterson
(Signature of Any Credible Person)

585 N 04 East Centerville, Utah
(Street Address, City, State)

FORM DH 60-155 CL 2/23/73 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Harriet Irene Gabbert Pratt daughter of Curtis Gabbert and Nancy B. Hatson. Born June 4, 1919 Was Baptized May 27, 1950. Viewed by V. S. APR 5 1973

Certificate of Birth from LDS Church gives name as Harriet Irene Gabbert Pratt born June 4, 1919 daughter of Curtis Gabbert and Nancy Bell Dotson. Entered on record May 28, 1950. Viewed by V. S.

155-104-003-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69924

69924

County of Bannock

City of Pocatello

Registration District No. 84

File No. 49

No. ..... St.

Primary Registration District No. 2161

Registered No. 2316

Hospital Pocatello Gen. Hosp.

FULL NAME OF CHILD Harold Dee Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Jensen	FULL MAIDEN NAME	Ada Windley
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fairview, Wyoming	BIRTHPLACE	St. Charles, Ida
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 20 1919

O B Fleer
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1944

469-101-003-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69925
69925

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthonys

Registration District No. 84

Primary Registration District No. 2161

File No. 1

Registered No. 2377

FULL NAME OF CHILD EARL DAVID MORGAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 1st 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nate Morgan	FULL MAIDEN NAME	Ethel Goldberg
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Philadelphia, Pa.
OCCUPATION	Pawnbroker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3.15 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed June 10 1919 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

AUG 1 1 1944

AFFIDAVIT OF IDENTITY BY THE FATHER AND MOTHER OF EARL DAVID MORGAN, SOMETIMES KNOWN AS EARL D. MORGAN AND REGISTERED WITH THE BUREAU OF VITAL STATISTICS AS EARL MORGAN

STATE OF IDAHO)
) ss
COUNTY OF BANNOCK)

NATE MORGAN and ETHEL MORGAN, the father and mother respectively of Earl David Morgan, sometimes known as Earl D. Morgan, and registered with the Bureau of Vital Statistics of the State of Idaho as Earl Morgan, each for themselves on their oath state:

That Earl David Morgan was born June 1, 1919 the son of your affiants, the birth occurring in Saint Anthony's Hospital in Pocatello, Idaho, and that the affiant Ethel Morgan was attended by J. C. Arnout, a duly and regularly licensed physician who now resides at Culver City, California; that in naming such child so born such child was named Earl David Morgan, that in giving in the information to the doctor by oversight and inadvertance the name of just Earl Morgan was used, that your affiants have resided at Pocatello, Idaho, since June 1, 1919 continuously and the said child so born at that time is now a member of the United States Army located at Camp Hood, Texas and is a member of Company D, Academic Regiment, Tank Destroyer School at such camp, and that the said boy that is last named above is one and the same person that was born to your affiants on June 1, 1919 and that in registering under the Selective Service and in enlisting in the United States Army the said Earl David Morgan used the name of Earl D. Morgan, and that the said Earl D. Morgan is a member of the United States army as aforementioned and Earl David Morgan and Earl Morgan is one and the same person and that the said Earl David Morgan has throughout his lifetime at Pocatello, Idaho with your affiants, save and except for a period of some eight to ten months prior to the time of his enlistment in the United States Army; that no other child was born to your affiants that was named Earl Morgan or Earl David Morgan and that your affiants have made this affidavit for the purpose of having the birth

MAY 31 1973 MAR 23 1949 OCT 12 1949

certificate changed from Earl Morgan to read Earl David Morgan.

Earl Morgan

Ethel Morgan

SUBSCRIBED AND SWORN to before me this 6th day of October, 1942.

James M Edmonds
NOTARY PUBLIC for Idaho, residing at Pocatello, Idaho.

(SEAL)

Commission Expires _____

My Commission expires November 1, 1943
Notary Public of Idaho
Residing at Pocatello, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-206-003-235

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69926

County of Bannock

City of Pocatello — Registration District No. 8 1 — File No. 7 ?

No. ..... St. — Primary Registration District No. 2161 — Registered No. 2378

Hospital St. anthonys

FULL NAME OF CHILD Viola Jewel Forbert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	June 6, 1919

FATHER

FULL NAME Albert E. Forbert

RESIDENCE Pocatello Idaho

COLOR white — AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE California

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Edna V. Stevens

RESIDENCE Pocatello Idaho

COLOR White — AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Nevada

OCCUPATION housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 7, 1919 O B Steely Registrar

MAY 1 0 1971

OCT 1 4 1975

OCT 1 3 1944

433-210-003-993

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 309 S. 7th Ave. St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69927

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2379

FULL NAME OF CHILD ~~Elsie Mae~~ RUTH ELLEN McCormack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	June 10 1919

FATHER		MOTHER	
FULL NAME	Lee McCormack	FULL MAIDEN NAME	Elizabeth Richardson
RESIDENCE	309 S. 7th	RESIDENCE	309 S 7th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Clerk at Peoples Market	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

..... 19.....

Filed June 14 1919 P B Seely

..... Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 69927

County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Ruth Elsie McCormack (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 10 1919 (DATE OF EVENT)

in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 14, 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elsie	Ruth Ellen McCormack

Subscribed and sworn to before me this 15th day of December, 1942

A R Howell

Notary Public, residing at Pocatello

My commission expires 11-13-45

(SEAL)

Signed Mrs L McCormack

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1805 So 2nd Pocatello Idu (mother)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Apo day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 2 1944

DEC 18 1942

236-111-003-819

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69928

County of Bannock

City of Pocatello

Registration District No. 84 File No. 50

No. ..... St.

Primary Registration District No. 2161 Registered No. 2380

Hospital Pocatello General

FULL NAME OF CHILD David Gregory Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 11 1919

FATHER		MOTHER	
FULL NAME	David J. Stone	FULL MAIDEN NAME	Bernice Hart
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Hdware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a m. on the date above stated.

(Signature) John J. Parfm M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed June 28 1919

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-113-003-359

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

69929

County of Bannock

City of Pocatello

No. 345 So. Hayes (Res.) St.

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2381

Hospital

FULL NAME OF CHILD TONY BICANDI

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luis Bicanda	Henrietta Terriago
RESIDENCE	Pocatello, Ida	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepherder	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. at 8:30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Barry

(Physician or midwife)

Address Pocatello Idaho

Filed June 20 1919 C. B. Green Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 69929

County of Owyhee } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 13, 1919 (DATE OF EVENT)

in Pocatello Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Vecanda	Tony Bicandi

Subscribed and sworn to before me this 23rd day of April, 1942

J H Forbes

Notary Public, residing at Caldwell

My commission expires June 15th 1944

(SEAL)

Signed Lucas Bicandi

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed ✓

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 24 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 27 1967

JAN 27 1967

262-213-003-268

Child's name added 6/11/86 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69930

County of Bannock

City of Pocatello

Registration District No. 1

File No. 60

No. ..... St.

Primary Registration District No. 2161

Registered No. 2382

Hospital Pocatello Gen.

FULL NAME OF CHILD Evalyn Margaret Boshart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A. Boshart	FULL MAIDEN NAME	Lafue Boyce
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	70 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Billings, Montana	BIRTHPLACE	Dempsey, Ida
OCCUPATION	Car repairer O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Roy

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 20 1919 O B Steele

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 11 10 24 AM '86

State of _____ } ss.
County of _____ }

Certificate No. 69930
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Boshart (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 13, 1919 (Date of Event)

in Pocatello, Bannock Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Evalyn Margaret Boshart

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Evalyn Boshart Aabel
Signature of Applicant

1840 August Dr. Carson City
Street Address, City, State Nevada 89701

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Carson City }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June 1986.

Notary Public, Judie Day
Residing at Carson City
My commission expires 9/15/86
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

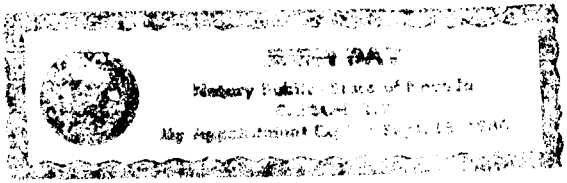
1cc pd

Over For Stamp

JUN 11 1986

Church Certificate of Birth from LDS Church dated Aug. 3, 1919 gives name as Evalyn Margaret Boshart born June 13, 1919 at Pocatello, ID to James Alvin Boshart and La Rue A. Boyce.
Viewed by VS

Declaration of Marriage Nullity from the Catholic Church (Diocese of Boise) dated Feb. 27, 1947 gives name as Evalyn Margaret Boshart.
Viewed by V.S.



855 - 214-003-884

Amended 8/1/79

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital none

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69031

Registration District No. 84 File No. 50

Primary Registration District No. 2161 Registered No. 2383

FULL NAME OF CHILD Roma Jean Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 14 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. M. Hendricks	FULL MAIDEN NAME	Rose Hyde
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed June 20, 1919 O B Lee Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

JUL 5 9 29 AM '79

Certificate No. 69431
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hendrix (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 14,1919 (Date of Event)

in Pocatello, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Hendrix	Roma Jean Hendricks
father's last name	Hendrix	Hendricks

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Roma Jean Hendricks Hoehnen
Signature of Applicant

235 N Carson
Street Address, City, State

Pocatello Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1979.

Notary Public Wanda L. Moorhead
Residing at Pocatello Ida
My commission expires 5-19-83
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 6/27, 1979

Family Group record gives names as Felix Mason Hendricks and Rose Hyde Henricks as the parents and Roma Jean Hendricks born June 14, 1919 at Pocatello Idaho. Married to Howard W. Hoehnen on Aug 2, 1940. Baptized Jly 3, 1927. viewed by V. S.

AUG 1 1979

Certif of Baptis from the LDS Church gives name as Roma Jean Hendricks daughte of Felis Mason Hendricks and Rose Hyde. born June 14, 1919 at Pocatello, Idaho. Baptized July 3, 1927. viewed by V. S.

253-215-003-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69932

County of Bannock

City of Pocatello

No. 1750 Roosevelt St.

Registration District No. 84 File No. 30

Primary Registration District No. 2161 Registered No. 2384

Hospital

FULL NAME OF CHILD Ivern Winona Beckstead

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	✓		✓	yes	June 15 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Beckstead	FULL MAIDEN NAME	Clara E. Peterson
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Loco fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed June 28 1919 O B Steely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 8 1965
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 69932
Date Filed .....

The undersigned does solemnly swear that certain facts on certificate of Birth (Birth or Death)
for Unnamed Beckstead (Name on Original Certificate) who born (Was Born or Died) on June 15, 1919 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ivern Winona Beckstead
Mother's Maiden Name	Clara E. Peterson	Clara E. Peterson

Subscribed and sworn to before me this 22 day of July, 1963.

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of July, 1963

Notary Public, residing at Payson, Utah
My commission expires Aug 7, 1966
(Seal)

× Orson L. Beckstead
Signed × Amy B. Beckstead
(Signature of Any Credible Person)

475 So. 7 E. Payson Utah
(Street Address, City, State)

FORM DPH 55.155

CL 10-13-59. one copy pd. receipt #16417.

Dup. Copy of L.D.S. Church Certificate of Baptism and Confirmation, Aug. 5, 1928 gives full name as Ivern Winona Beckstead Gardner, daughter of George Beckstead and Clara Petersen, born June 15, 1919 at Pocatello, Idaho - Gardner is married name - viewed by V.S.

MAR 30 1965

Hospital Birth Certificate, Steptoe Valley Hospital, East Ely, Nevada, gives full name of child as Leah Afton Smith, born March 17, 1947 at 11:38 P.M. to Joseph Melvin Smith born July 8, 1915 at Baker, Nevada and Ivern Winona Beckstead, born June 15, 1919 at Pocatello, Idaho - parents married July 13, 1939 at Ely, Nevada - viewed by V.S.

mother's name to be ~~Ivee~~ left as it is - ~~said~~ - as requested -

363-120-003-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69934

County of Bannock

City of Pocatello

Registration District No. 84 File No. 50

No. ..... St.

Primary Registration District No. 2161 Registered No. 2386

Hospital ..... — — Colborn

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June 20 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt B. Colborn	FULL MAIDEN NAME	May Semeyn
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	St Paul Nebraska	BIRTHPLACE	Grand Rapids Mich
OCCUPATION	Automechanic	OCCUPATION	H Swf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard
(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed July 22 1919 O B Steele Registrar

136-220-003-967

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 745 W. Bridger St.

Hospital .....

Registration District No. 84

File No. 69935

Primary Registration District No. 2161

Registered No. 2387

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	6 (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Heber G. Woods	FULL MAIDEN NAME	Delila Rogers
RESIDENCE	Arbon, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Meadow, Utah	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 30 1919 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

849-223-003-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69936

County of Bannock

City of Pocatello — Registration District No. 84 — File No. 36

No. ..... St. — Primary Registration District No. 7161 — Registered No. 2388

Hospital Pocatello Gen

FULL NAME OF CHILD Patricia Leona Lumm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	6 23 1919

FATHER

FULL NAME Fred D. Lumm

RESIDENCE Pocatello, Ida.

COLOR W. — AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Pocatello Ida.

OCCUPATION Bank Teller

MOTHER

FULL MAIDEN NAME Leona Keehn

RESIDENCE Same.

COLOR W. — AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Galveston, Texas

OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 a. M. on the date above stated.

(Signature) D. M. Kay (Physician or midwife)

Address Pocatello Idaho

Filed June 30 1919 — P. B. Greer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1965

AUG 23 1944

249-124-003-433

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

59937

Registration District No. 84 File No. 150

Primary Registration District No. 2161 Registered No. 2389

FULL NAME OF CHILD James Merrett Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) 24 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	James Smith	FULL MAIDEN NAME	Mary McCoury
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	North Carolina
OCCUPATION	R.R. Car foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed June 30 1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1947

493-128-003-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock.

City of Pocatello

No. ..... St.

Hospital Pocatello Gen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 69938

Primary Registration District No. 2161 Registered No. 2390

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6 28 1919

FATHER		MOTHER	
FULL NAME	Glen C. Miller	FULL MAIDEN NAME	Lucille Mahaney
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Valley Nebr.	BIRTHPLACE	Fremont, Nebr.
OCCUPATION	R.R. Conductor (Freight)	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. M. Mays

(Physician or midwife)

Address Pocatello Idaho

Filed July 1, 1919 O. B. Steele Registrar

356-228-003-433

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

69039

Registration District No. 84 File No. 28

Primary Registration District No. 2161 Registered No. 2391

FULL NAME OF CHILD PATRICIA ELLEN Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	MAURICE Edward Lewis	FULL MAIDEN NAME	Jane Glezen McConaghy
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (41) (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Alma, California	BIRTHPLACE	Robinson, California
OCCUPATION	Farmer & Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Roy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

..... Registrar

Filed June 28 1919 O. B. Greer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
City and County of San Francisco } ss.

SEP 22 1941

Certificate No. ()#(69039

Date Filed

RECEIVED

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or death)

for unnamed Lewis child (Name on original certificate) who born (Was born or died) on June 28, 1919 (Date of event)

in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lewis child	Patricia Ellen Lewis
Full maiden name of Mother:	Ione Glezen	Ione Glezen McConaghy
Father's name	Morris Lewis	Maurice Edward Lewis

Subscribed and sworn to before me this 24th day of September, 1941

Nina C. Putnam

Notary Public, residing at San Francisco, California

My commission expires April 1, 1943

[SEAL]

Signed Eldora Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Elder Sister)

752 West 5th St. Reno Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
City and County of San Francisco } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1941

Nina C. Putnam

Notary Public, residing at San Francisco

My commission expires April 1, 1943

[SEAL]

Signed Alice C. Contos
(Signature of any credible person other than the previous affiant.)

1111 No. Virginia St., Reno Nevada
(Street Address, City, State)

Received for filing on SEP 22 1941 By
(Registrar's signature)

154-202-009-815

PLACE OF BIRTH

[redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

69940

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81

File No. .....

Primary Registration District No. 2158

Registered No. 27

FULL NAME OF CHILD Genevieve Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Andrews	FULL MAIDEN NAME	Hannah Hanson
RESIDENCE	Coolen Ida	RESIDENCE	Coolen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Ida

Filed 6/2 1919

Bess Kennedy
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1962

281-131-009-695

PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

FULL NAME OF CHILD Shaw, William Norman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 81 File No. 69941

Primary Registration District No. 2158 Registered No. 22

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 31 1919

FATHER		MOTHER	
FULL NAME	William Shaw	FULL MAIDEN NAME	Bertha Finstead
RESIDENCE	Priest River Idaho	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Maine	BIRTHPLACE	West
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Priest River Idaho

Filed 6/2 1919 Rose Kennedy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 4, 1940.

JUL 6 1943

295-130-009-283

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69942

County of Bonner

City of Laclede

Registration District No. 81

File No.

No. St.

Primary Registration District No.

Registered No. 23

Hospital

FULL NAME OF CHILD Thomas Orville King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 30 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marion Reginald King	FULL MAIDEN NAME	Margaret Helen Kyle
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Calif.	BIRTHPLACE	Calif.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 00/00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. King M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Laclede, Idaho.

Filed June 4 1917 Bastemely

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-204-009-155

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended Father's Name and Place of Birth and Mother's Name 11-1-05 lmc

County of Bonneville

City of Laclede

Registration District No. 81

File No. 69943

No. — *St.* —

Primary Registration District No. —

Registered No. 24

Hospital no —

FULL NAME OF CHILD Melba Clemence

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	June 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Charles Clemence Francisco	FULL MAIDEN NAME	Ada Jensen Henrietta
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	North Dakota South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Laborer (Saw mill)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] King M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Laclede Idaho

Filed June 18 1919 Rose Kennedy

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-16-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
97 APR 28 PM 2:00

State of _____ } ss.
County of _____

Certificate No. 1919-69943
Date Filed JUNE 18, 1919

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
for MELBA Arlene CLEMENCE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JUNE 4, 1919 (Date of Event)
in LACLEDE (BONNER) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S NAME	CHARLES CLEMENCE	CHARLES FRANCIS CLEMENCE
FATHER'S PLACE OF BIRTH	NORTH DAKOTA	SOUTH DAKOTA
MOTHER'S NAME	ADA JENSEN	ADA HENRIETTA JENSEN

Subscribed and sworn to before me this 21 day of April 1997

Notary Public, Michelle M. Rodekohr
Residing at State of Alaska
My commission expires 11-20-98

NOTARY PUBLIC
Michelle M. Rodekohr
My Commission Expires 11-20-98

X Phyllis L Seitz
Signature of Applicant

X 3232 Naomi Dr Wasilla ak 99654
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc sent

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/12/45 FILE #1929-413124 SHOWS VIRGINIA JOY CLEMENCE BORN JUNE 5, 1929 IN LACLEDE (BONNER) ID TO ADA HENRIETTA JENSEN AND CHARLES FRANCIS CLEMENCE BORN IN SOUTH DAKOTA VIEWED VS.

FATHER'S OWN BIRTH CERTIFICATE ON FILE IN SOUTH DAKOTA GIVES NAME AS CHARLES FRANCIS CLEMENCE BORN MAY 4, 1892 IN HURON, SOUTH DAKOTA. VIEWED BY VS

FATHER'S DEATH CERTIFICATE ON FILE IN MONTANA GIVES NAME AS CHAS. FRANCIS CLEMENCE DIED SEPT.24, 1960 IN MISSOULA, MONTANA. VIEWED BY V. S.

365-120-029-434

Form V. S. No. 11-C—20m-2-15-12

[redacted] STATISTICS

[redacted]E OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 69944

Primary Registration District No. 2141

Registered No. 62

FULL NAME OF CHILD Donald Ray Long

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse A Long	FULL MAIDEN NAME	Rose Ella McMaurma
RESIDENCE	Garfield R F D Latah Co Ida	RESIDENCE	Garfield R. F. D. Latah Co Ida
COLOR	White	COLOR	Wt
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Wiesel

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Garfield

Filed June 27 1919

D F Rae

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-214-029-417

PLACE OF BIRTH

County of Latah

City of Moscow

No. Name added 7/17/80 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69945

Registration District No. 61

File No.

Primary Registration District No. 2141

Registered No. 64

FULL NAME OF CHILD ALICE OPHELIA SUDDRETH

Sex of Child Fem

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May (Month) 14 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Sudderth	FULL MAIDEN NAME	Birth Maguire
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Ar Adair MD

Moscow (Physician or midwife)

Address Idaho

Given names added from a supplemental report.

.....19.....

Filed June 26 1919 D F Rae

Registrar

Registrar

S-Y-CO 38071

2-25-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 2 25 PM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Spokane } ss.

Certificate No. 69945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Suddreth (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 14, 1919 (Date of Event)
in Moscow, (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Alice Ophelia Suddreth

Subscribed and sworn to before me this 3rd day of March, 19 80

Notary Public, Marilyn M. Chevrier

Residing at Spokane, Washington

My commission expires 2/6/83

(Seal)

I, Alice Drader (maiden name) Suddreth
Signature of Applicant

E1503 Rowan, Spokane, Wa. 99207
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 80

Notary Public, Marilyn M. Chevrier

Residing at Spokane, Washington

My commission expires 2/6/83

(Seal)

Verna Suddreth Keebler
Supporting Signature

W. 1228 Nebraska, Spokane, Wa. 99208
Street Address, City, State

family Bible record gives nameas Alice Ophelia Suddert
born May 14, 1919. viewed byV. S.

Marriage license and Certif from Idaho gives names as Marvin Drader
and Alice Suddreth. married Oct 25, 1941. viewed by VS

JUL 17 1980

765-120-029-782

Form V. S. No. 11-C—[illegible]-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69846

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 65

FULL NAME OF CHILD Chas. Gibson Goetz, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 20 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas Goetz	FULL MAIDEN NAME	Levor Gibson
RESIDENCE	Viola Idaho	RESIDENCE	Viola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho

Registrar

Filed June 26 1919 D F Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-115-029-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. R. D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 69947

Registration District No. 61 File No.

Primary Registration District No. 2141 Registered No. 69

FULL NAME OF CHILD Creighton Guy, Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 8 — 19

FATHER		MOTHER	
FULL NAME	Creighton C. Guy	FULL MAIDEN NAME	Edith Hamilton
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutmann, M.D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 14 19 19 D. F. Rae

Registrar

256-101-029-259

PLACE OF BIRTH

County of Latah

City of Moscow

No. R.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 69948

Primary Registration District No. 214 Registered No. 72

FULL NAME OF CHILD Raymond Edgar Snow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 1 (Month) (Day) 1919 (Year)

FATHER

FULL NAME J. E. Snow

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Moscow, Idaho.

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Etta Berry

RESIDENCE Moscow Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Avon, Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow Idaho

Filed June 14 1919

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-125-029-762

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Aspray

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 69940

Primary Registration District No. 1011 Registered No. 61

FULL NAME OF CHILD Charles Rodney Giles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	April 25 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto A. Giles	FULL MAIDEN NAME	Ethel Rosnagle
RESIDENCE	Pine City Wash	RESIDENCE	Pine City Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	50 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	U. S.
OCCUPATION	Merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray, M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed June 28 1919 D F Rav
Registrar

S-Y CO. 20174

315-214-029-793

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Moscow

No. ..... *St.*

Hospital .....

Registration District No. 61

Primary Registration District No. 1011

File No. 69950

Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	May 14 1919

FATHER		MOTHER	
FULL NAME	M M Langstad	FULL MAIDEN NAME	Ora E. Pitman
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	S. Dacota	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Idaho

Filed June 18 1919 D F Rae

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-361749

50.19 std

995-203-029-356

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61

File No. 69951

Primary Registration District No. 1011

Registered No. 66

FULL NAME OF CHILD Evaline June Rietze

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	June 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lynne Rietze	FULL MAIDEN NAME	June Lewis
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fex	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.20 A. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Moscow (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho

Filed June 26 1919 D F Rae

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 19

691 - 216 - 028 - 255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69952

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 67

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 14 1918

FATHER		MOTHER	
FULL NAME	James F. Frame	FULL MAIDEN NAME	Bertha Benns
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

W. A. Cleary (Physician or midwife)

Address Moscow Idaho

Filed June 26 1918 D. F. Rae Registrar

8-Y-CO 38071

NOV 2 8 1969

814-131-029-343

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69953

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 68

FULL NAME OF CHILD Paul Lucas Hamilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 31 1919

FATHER

FULL NAME Dean Durat Hamilton

RESIDENCE Moscow, Idaho

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Michigan

OCCUPATION Pastor Baptist Church

MOTHER

FULL MAIDEN NAME Pearl Lucas

RESIDENCE Moscow, Idaho.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 14 1919

D. F. Rae

Registrar

OCT 14 1955

DEC 4 1967

689-106-029-215

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

Registration District No. 6 1

File No. 69955

Primary Registration District No. 1011

Registered No. 71

FULL NAME OF CHILD Charles Herbert Whitmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 6 1919

FATHER

FULL NAME: Cecil Ralph Whitmore

RESIDENCE: Moscow, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Moscow Idaho

OCCUPATION: Barber

MOTHER

FULL MAIDEN NAME: Louisa Mary Kane

RESIDENCE: Moscow, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Spokane, Wash.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow Idaho

Filed June 14 1919

D. H. Coe
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-109-029-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-5-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 69956

Primary Registration District No. 1011 Registered No. 73

FULL NAME OF CHILD Martin Edward Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 9, 1919

FATHER		MOTHER	
FULL NAME	Martin L. Smith	FULL MAIDEN NAME	Clara Edith Pettock
RESIDENCE	Colton, Wash.	RESIDENCE	Colton, Wash.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 14, 19 19 S. F. Rae

Registrar

365-211
029-766

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 6[illegible]7

Primary Registration District No. 1011 Registered No. 74

FULL NAME OF CHILD Lillian Rosella Condell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 11 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Condell	Tillie Annette Goodenow
RESIDENCE	Troy, Idaho.	Troy, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Moscow, Idaho.	Minnesota
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 7:10 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 14 1917

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECLASSIFIED

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 7/16 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS

* * * * * * * *

Place of Birth (CITY Moscow
ST. Gritman Hospital
COUNTY Latah

FILE NO. [redacted]

DATE OF BIRTH June 14, 1919

SEX OF CHILD Female

FATHER Richard Cordell

MOTHER Tilla Annette Goodwin
(Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lillian Rosella Cordell

Mrs. Richard Cordell

Signature of Father or Mother

7-28-71

185-230-029-622

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Inland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 69058

Primary Registration District No. 1011 Registered No. 75

FULL NAME OF CHILD Marion Claudine Grey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 30 1919

FATHER	MOTHER
FULL NAME Earl A Grey	FULL MAIDEN NAME Hazel Osborne
RESIDENCE Uniontown Wash	RESIDENCE Uniontown Wash
COLOR White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Washington	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W H Carothers M.D.

(Physician or midwife)

Address Moscow

Filed June 30 1919 D. H. Rae Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 69958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Marion Claudine Greif (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 30 1919 (DATE OF EVENT) in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug - 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Greif	Marion Claudine Greif

Subscribed and sworn to before me this 11th day of May, 19 42.

Notary Public, residing at

My commission expires
(SEAL)

Signed Hazel A Greif (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Uniontown Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 19 42.

Notary Public, residing at Uniontown Wash.

My commission expires Dec 16 1942
(SEAL)

Signed Carl G Greif (Father)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Uniontown Wn
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By
(REGISTRAR'S SIGNATURE)

MAY 1 4 1942

DEC 3 1971

695-230-029-86B

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6959

County of Latah

City of Moscow

Registration District No. 61

File No.

No. St.

Primary Registration District No. 1011

Registered No. 76

Hospital Inland

FULL NAME OF CHILD Ann Jean Wmegardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	June 30 1919

FATHER		MOTHER	
FULL NAME	Richard C Wmegardner	FULL MAIDEN NAME	Esther Hoffman
RESIDENCE	Leland	RESIDENCE	Leland
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Lowthers M D

(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 30 1919

D F Rae
Registrar

FEB 1 6 1973

599-213-029-239

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

name added 1/24/80

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 69960

Primary Registration District No. 1011

Registered No. 77

FULL NAME OF CHILD Lenora Wilhelmina Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	June 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bennett Erickson	FULL MAIDEN NAME	Elizabeth Stribet
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Clarke

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow

..... 19.....

Filed June 30 1919 D. F. Rae

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/4/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 10 4 57 PM '80

State of _____
County of _____ } ss.

Certificate No. 69960
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Erickson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6/13/19 (Date of Event)

in Mos cow, Idaho (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Erickson	Lenora Wilhelmina Erickson

Subscribed and sworn to before me this 08 day of January 19 80.

Notary Public, Martha J. Kring

Residing at Spokane, Washington 99204

My commission expires March 15, 1981

(Seal)

Lenora Wilhelmina Erickson
Signature of Applicant

X E 10420 Upriver Dr. Spokane Wa 99206
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baptismal certificate from Country Homes Christian Church, Spokane Washington gives name as Mrs.Lenore Wilhelmina Bevan. dated Nov 15, 1959. viewedby VS

Marriage Certif from New Mexico gives names as John Wayne Bevan and Lenore W. Erickson. dated Sept 4, 1943. viewed by V. S.

366-122-029-965

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69961

County of Latah

City of Moscow

Registration District No. 61

File No.

No. ..... St.

Primary Registration District No. 1011

Registered No. 78

Hospital .....

FULL NAME OF CHILD Sherman W. Town

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 22 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sherman Town	FULL MAIDEN NAME	Carinne Ronhalt
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 .... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8-P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed June 30 1919

D. F. Rae

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 4 1945

435-127-029-239

PLACE OF BIRTH

Form V. S. No. 16-C—Mim-6-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 6962

No. ..... St.

Primary Registration District No. 1011

Registered No. 80

Hospital Inland Empire

FULL NAME OF CHILD Thurin Mc Elroy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 27 1919

FATHER		MOTHER	
FULL NAME	Corliss H Mc Elroy	FULL MAIDEN NAME	Alice Strong
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Kansas
OCCUPATION	Plumber.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clark

(Physician or midwife)

Address Moscow

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 30 1919

D. F. Rae
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41 Z.J.

JUN 2 1952

JUL 30 1953

318-108-029-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Lake~~ Latah

City of Moscow

Registration District No. 61

File No. 69963

No. ..... St.

Primary Registration District No. 1011

Registered No. 81

Hospital .....

FULL NAME OF CHILD Martin L. Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Taylor	FULL MAIDEN NAME	Amelia Ficken
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Moscow

Filed June 30 1919

D F Rae

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1961

339-113-029-419

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latt Latat

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

Primary Registration District No. 1011

File No. 69864

Registered No. 82

FULL NAME OF CHILD James W. Clifford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas. H. Clifford	FULL MAIDEN NAME	Maggie Dawson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow

Filed June 30 1919

D. F. Rae

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 2 0 1942

DECLASSIFIED

753-213-025-173

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69965

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 79

FULL NAME OF CHILD Ruth E. Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 13 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Peterson	Emma Astle
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8-a- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed June 30 1917

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

JUN 2 9 1944

695-220-029-665

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 69966

County of Latah

City of Moscow

Registration District No. 61

File No.

No. St.

Primary Registration District No. 1011

Registered No. 83

Hospital

FULL NAME OF CHILD GWENDOLYN ~~MAY~~ Glendora ~~May~~ Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	June 20 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Freeman	Jennie Owen
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Mich	Wash
OCCUPATION	Printer	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8-0 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed June 30 19 17 S. F. Rae Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 69966

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Glendall (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1919 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on December 6, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Glendall	Gwendolyn May Freeman

Subscribed and sworn to before me this 8th day of July, 19 42

Charles F. Mead

Notary Public, residing at Los Angeles, Calif.

My commission expires February 21, 1944

(Seal)

Signed Jennie O Freeman (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

551 E. Tulare St., Dinuba, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 8th day of July, 19 42

Charles F. Mead

Notary Public, residing at Los Angeles, Calif.

My commission expires February 21, 1944

(Seal)

Signed Sarah Helen Haworth

(Signature of Any Credible Person Other Than Previous Year)

1807 S. Normandie, Los Angeles, Calif.

(Street Address, City, State)

JUL 13 1942

JUL 1 4 1942

719-228
038-219

PLACE OF BIR[redacted] F IDAH[redacted] 11-C—20m-2-15-12

BUREA[redacted]ITAL STA[redacted]

CE[redacted] OF BIRTH

County of PAYETTE

City of PAYETTE

No. ..... St.

Hospital .....

Registration District No. 4[redacted]

Primary Registration District No. 1008

File No. 69967

Registered No. 25

FULL NAME OF CHILD ETHEL ANITA GARSIDE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FEMAIL		YES	5 (Month) 28 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	ADDISON H. GARSIDE	FULL MAIDEN NAME	ZELMA BAILEY
RESIDENCE	PAYETTE	RESIDENCE	PAYETTE
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	IOWA	BIRTHPLACE	MO.
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 AM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address PAYETTE IDAHO.

Filed June 13 1919 J. C. Woodward Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 4 1944

381-107-03875 42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—60m-8-8-15

CERTIFICATE OF BIRTH

69968

County of Payette

City of Payette

Registration District No. 4

File No.

No. ..... St.

Primary Registration District No. 1003

Registered No. 26

Hospital

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr 7 1919

FATHER	MOTHER
FULL NAME: Wid John Hammer	FULL MAIDEN NAME: Lena Leona Edmonson
RESIDENCE: Payette Ida	RESIDENCE: Payette Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J R Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed June 20 1919 J C Woodward
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-225-038-745

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69969

Primary Registration District No. 1008 Registered No. 27

FULL NAME OF CHILD Wilma Arlene Sallee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Fem			yes	Apr 25 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S D Sallee	Elmira Ader
RESIDENCE	Payette Ida	Payette Ida
COLOR / AGE AT LAST BIRTHDAY	W / 46 (Years)	White / 40 (Years)
BIRTHPLACE	Kans.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

(Signature) J. R. Woodward M D

(Physician or midwife)

Address Payette Ida

Filed June 20 1919 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-202-038-719

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.-11-C—25m-9-8-15

69970

Registration District No. 4 File No. ____

Primary Registration District No. 1008 Registered No. 28

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	May 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor Johnson	Ruth Paine
RESIDENCE	Payette Idaho	Payette, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	18
BIRTHPLACE	?	Idaho
OCCUPATION	Express Agt U.S.L.Ry	Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. T. Woodward, M.D.
(Physician or midwife)

Address Payette, Ida.

Filed January 20 1919 J. O. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-117-038-268

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69971

County of Payette

City of Fruitland

Registration District No. 4 **File No.**

No. ..... *St.*

Primary Registration District No. 1008 **Registered No.** 29

Hospital

FULL NAME OF CHILD Perry James, Jr -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 17 1919

FATHER		MOTHER	
FULL NAME	Perry James -	FULL MAIDEN NAME	Doris Boyer
RESIDENCE	Payette Ida -	RESIDENCE	Payette, Ida -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Greece	BIRTHPLACE	Wash -
OCCUPATION	Master Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 45 a M. on the date above stated.

(Signature) S. R. Woodward, M.D.

(Physician or midwife)

Address Payette Ida

Filed June 20 1919. J. C. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1943

869-128-038-685

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69972

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1008

File No. .....

Registered No. 30

FULL NAME OF CHILD DANIEL LeROY HORN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 25 1915

FATHER		MOTHER	
FULL NAME	Roy Horn	FULL MAIDEN NAME	Ida Winn
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	Wis.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

(Signature) J. R. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed June 20 1919 J. O. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Snohomish } ss.

Certificate No. 69972

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daniel LeRoy Horn (Name on Original Certificate) who Born (Was Born or Died) on May 28, 1918 (Date of Event)
in Fayette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Daniel Le Roy Horn

Subscribed and sworn to before me this 21
day of March APRIL, 1942
Phil H Darnock
Notary Public, residing at Everett
My commission expires Dec 8, 1943
(Seal)

Signed Ola Winn Horn, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2311 Colby Ave Everett Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Snohomish } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of March APRIL, 1942
Phil H Darnock
Notary Public, residing at Everett
My commission expires Dec 8, 1943
(Seal)

Signed Mrs. Jennie Hunn GRANDMOTHER
(Signature of Any Credible Person Other Than Previous Year)
2312 Highland Ave
(Street Address, City, State)
Everett - Wash

MAY 1 1942

286-208-038-693

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69973

Primary Registration District No. 1008 Registered No. 31

FULL NAME OF CHILD Geraldine Marie Short

Sex of Child Fem	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J E Short	FULL MAIDEN NAME	Irma Williams
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.40 p. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. R. Woodward, M. D.
(Physician or midwife)

Address Payette, Ida.

Filed June 20 1919 J. C. Woodward
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

K

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 69973

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Geraldine Marie Short (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1919 (Date of Event)
in Payette (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Geraldine Marie Short

Subscribed and sworn to before me this 29
day of May, 1942

Notary Public, residing at Boise Ida.
My commission expires 7/14/45
(Seal)

Signed Erma Short
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

520 N. 9th Casco, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Ada. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of May, 1942

Notary Public, residing at Boise Ida.
My commission expires 7/14/45
(Seal)

Signed Mrs Juanita Short
(Signature of Any Credible Person Other Than Previous Year)

Nyssa, Oregon
(Street Address, City, State)

MAY 29 1942

462-220-38-239

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 69974

Primary Registration District No. 1008 Registered No. 33

FULL NAME OF CHILD DOROTHY MARIE MOSS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				yes	June 24 1919

FATHER		MOTHER	
FULL NAME	Jas C Moss	FULL MAIDEN NAME	Marie Shinn
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.20 a. M. on the date above stated.

(Signature) F. R. Woodward, M.D.

(Physician or midwife)

Address Payette, Ida

Filed June 20 1919 J. O. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 69974

State of Idaho Washington } ss. JUN 23 1943
County of Payette Clark }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dorothy Marie Moss (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 20, 1919 (DATE OF EVENT)
in Payette Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Marie Moss

Subscribed and sworn to before me this 11th day of June, 1943.

Notary Public, residing at Vancouver

My commission expires Sept 15th 1943 (SEAL)

Signed Dorothy Marie [illegible]
Formerly Dorothy Marie Moss
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1722 Ogden Meadows
Vancouver, Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1943.

Notary Public, residing at Vancouver

My commission expires Sept 15th 1943 (SEAL)

Signed Emma Louise Moss
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1722 Ogden Meadows
(STREET ADDRESS, CITY, STATE)
Vancouver Wash.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 23 1963

JUN 25 1943

266 - 206 - 0[illegible] 0-3

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69975

County of Payette

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. _____

Registered No. 33

Full Name of Child Violet Bowers

SEX OF CHILD Female	Twin Triplet or other? ✓ and Number in order of birth Two (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH June 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Bowers	FULL MAIDEN NAME	Eva Waters Fitzgerald
RESIDENCE	Payette Idaho	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Burns Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Elmer Crouch
Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette Ida

Registrar

Filed June 30 1919 J C Woodward
Registrar

of each, in order of birth stated.

154-216-005-664

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital St Maries

[redacted] V. S. No. 11—[redacted]-15-18

BURE[redacted]

CERTIFICATE OF BIRTH 69976

Registration District No. 32 File No. _____

Primary Registration District No. 2049 Registered No. 42

Full Name of Child June Evangiline Anderson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	June 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Anderson	FULL MAIDEN NAME	Etta Fountain
RESIDENCE	Avery Idaho	RESIDENCE	Avery Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Car Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address St. Maries Ida

Filed July 2 1919 H E Hoyt Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1952

649-214-005-249

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

69977

CERTIFICATE OF BIRTH

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 41

Full Name of Child Helena Audrey ~~Wurth~~ Wurth

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	✓	✓	Yes	June 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Cleveland Wurth	FULL MAIDEN NAME	Mary Fannie Smith
RESIDENCE	Avery Idaho.	RESIDENCE	Avery Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Plattsmouth Neb.	BIRTHPLACE	Boone Nebraska
OCCUPATION	Carman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 59 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Registrar

Filed July 2 1919 H E Hunt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 3 1972

769-210-005-383

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69978

County of Benewah

City of St. Maries

No. _____ St.

Registration District No. 32

File No. _____

Primary Registration District No. 2049

Registered No. 40

Hospital _____

Full Name of Child Margaret Dean Gordon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	June 10 1919

FATHER

FULL NAME: Leslie Richie Gordon

RESIDENCE: St. Maries, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Tower City, North Dakota

OCCUPATION: Boomsuper

MOTHER

FULL MAIDEN NAME: Clara Grenell Tyler

RESIDENCE: St. Maries, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: St. Louis, Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St. Maries, Idaho

Filed July 2 1919 W. A. Smith

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the sex of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JUL 5 1961

689-201-005-249

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69979

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 39

Full Name of Child Lucile June White

SEX OF CHILD F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Thomas C. White	FULL MAIDEN NAME	Maud L Smith
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White AGE AT LAST BIRTHDAY 43 (Years)	COLOR	White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Michigan
OCCUPATION	Machinist helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Registrar

Filed July 2 1919 H E Hunt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1948

968-226-005-696

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69980

County of Benewah

City of St. Joe

Registration District No. 32

File No.

No. ____ St.

Primary Registration District No. 2049

Registered No. 38

Hospital

FULL NAME OF CHILD Dorothy Adel Roy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 26 1919

FATHER	MOTHER
FULL NAME Joseph Joe Roy	FULL MAIDEN NAME Mary Marian Wrobleski
RESIDENCE St. Joe, Idaho	RESIDENCE St. Joe, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Black River, Mich.	BIRTHPLACE Cloquette, Minn.
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Smith M.D.

Physician (Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

....., 19.....

Filed July 2 1919 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

695-122-025-613

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. _____ St.

Hospital _____

Registration District No. 32

File No. 69981

Primary Registration District No. 2049

Registered No. 37

FULL NAME OF CHILD IRA HAROLD Fields

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira Fields	FULL MAIDEN NAME	Lavina Waldron
RESIDENCE	Benewah Co.	RESIDENCE	Benewah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Pomeroy, Wash.	BIRTHPLACE	Salem, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed July 2 1919 H. E. Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 69981

County of ..... } Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Fields	Ira Harold Fields

Subscribed and sworn to before me this 10th day of [illegible], 1942

[illegible]

Notary Public, residing at Bremerton

My commission expires Feb. 18, 1943

(SEAL)

Signed Lavina E. Ditmar

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

.....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed A. C. Ditmar

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Bremerton Wn.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

846-216-005-85-9

ITEM #1 CHILD'S FIRST NAME AMENDED 4-11-2007 CMW

Form V. S. No. 11-C—[illegible]-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69985

County of Benewah

City of St. Maries

Registration District No. 32

File No.

No. ..... St.

Primary Registration District No. 2049

Registered No. 34

~~Hospital~~ At Home

FULL NAME OF CHILD DORIS ~~Doras~~ Jeanette Huffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	6/16 1919

FATHER		MOTHER	
FULL NAME	Earl Huffman	FULL MAIDEN NAME	Lois Herington
RESIDENCE	St Maries Ida.	RESIDENCE	St Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Mich.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Allen D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries Ida.

Filed June 28 1919 H. E. Hunt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

2007 APR -6 AM 11:12

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Missouri } SS
County of Laclede

Certificate No. 1919-069985
Date Filed 06/28/1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Doras Jeanette Huffman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 06/16/1919 (Date of Event)
in St. Maries (Benewah Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Doras	Doris

Subscribed and sworn to before me this 3rd day of April, 2007
Notary Public, Tara Allen
Residing at Lebanon MO 65536
My commission expires 3/23/2010
(Seal)

Doris J. Schonfeldt
Signature of Applicant

22930 Priscilla Ln.
Lebanon, MO. 65536
Street Address, City, State and Zip

TARA ALLEN
Notary Public - Notary Seal
State of Missouri
Commissioned for Laclede County
My Commission Expires: Mar. 23, 2010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

March 29, 2007

WA MARRIAGE CERT #58955 A FRED W SCHONFELD & DORIS HUFFMAN MARRIED 3-23-1940 IN CLAYTON (SPOKANE CO) WA VIEWED BY VS

WARRANTY DEED FRED W SCHONFELD & DORIS J SCHONFELD LOT #15 IN LOS ALAMOS (LOS ALAMOS CO), NEW MEXICO 7-22-1964 VIEWED BY VS

689-227-005-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69[illegible]6

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 33

FULL NAME OF CHILD Baby Whitted

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	June 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dennis Harmon Whitted	FULL MAIDEN NAME	Ruth Knight
RESIDENCE	11th & Center Ave's	RESIDENCE	11th & Center Ave's
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - lived 15 Min., at 2:30 A.M. on the date above stated.
(Born alive or stillborn)
never breathed nor only a little moment

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving, M.D.

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries Idaho

Filed June 28 1919 H. E. Hunt

Registrar

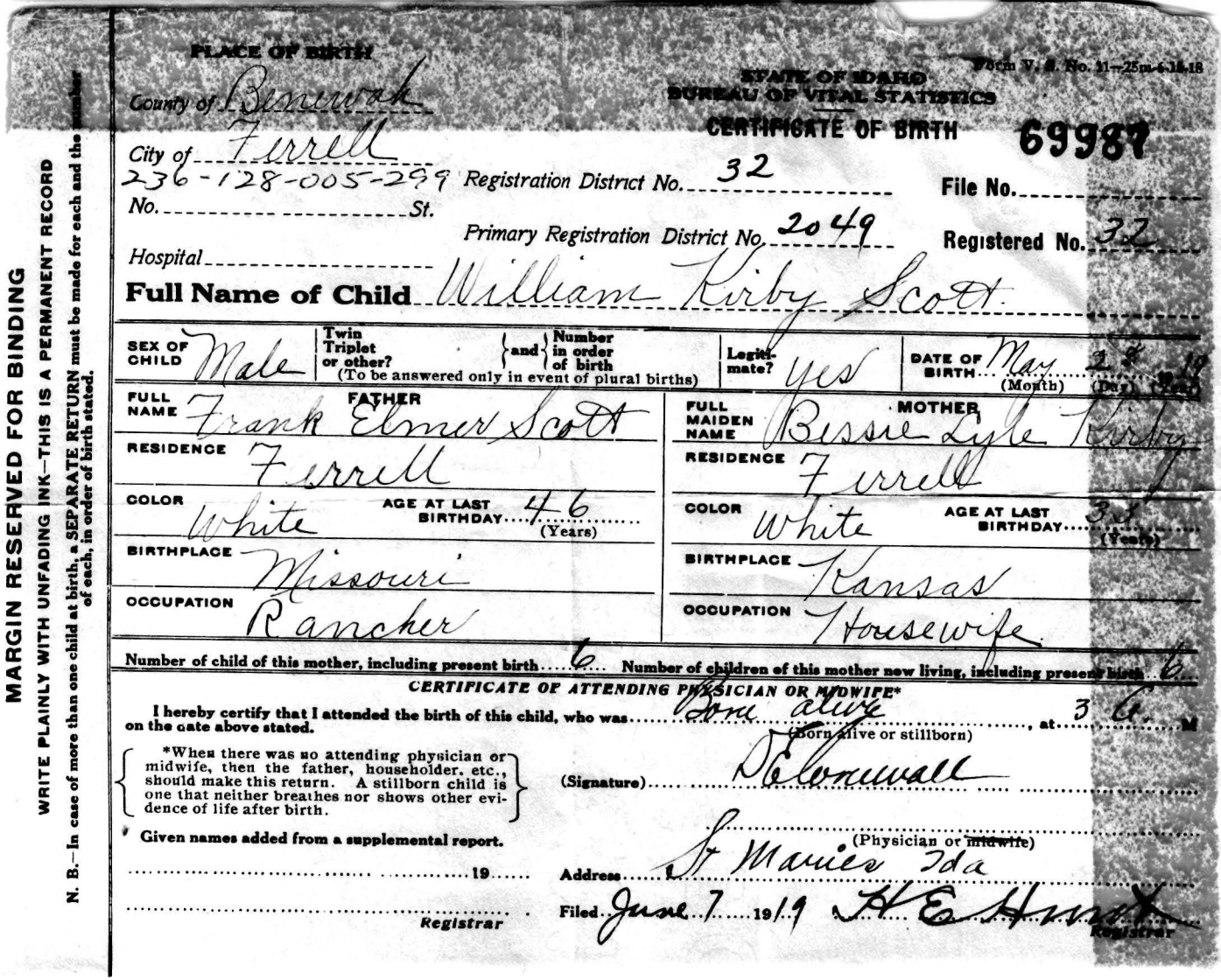
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH

County of Bonner

City of Ferrell

236-128-005-299 No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH 69987

Registration District No. 32

Primary Registration District No. 2049

File No. ____

Registered No. 32

Full Name of Child William Kirby Scott

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	May 2 1918

FATHER

FULL NAME Frank Elmer Scott

RESIDENCE Ferrell

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Missouri

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Bessie Lyle Kirby

RESIDENCE Ferrell

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall (Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 7 1919 H E Hunt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-221-004-168

[redacted] C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake.

City of Montpelier

Registration District No. 52 File No. 69988

No. _____ St.

Primary Registration District No. 2136 Registered No. _____

Hospital _____

FULL NAME OF CHILD Rose Lucille Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard M. Wilson	FULL MAIDEN NAME	Melvina Johnson
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 yrs (Years)	AGE AT LAST BIRTHDAY	29 yrs (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	R.R. - Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

_____ 19____

Filed 7-1-1919 H H King

_____ Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11

MAR 2

695-202-004-365

Form V.S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69989

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Marguerite Elizabeth French

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 2nd 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin J. French	FULL MAIDEN NAME	Marguerite Long
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montpelier Ida.	BIRTHPLACE	Cheyenne Wyo.
OCCUPATION	Caller - O.S.L. RR	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 36 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 7-1-1919

H H King
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 235-103-004-561

County of Bennington

City of Bear Lake

No. Bennington St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 69991

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6 3 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. E. Stephens	FULL MAIDEN NAME	Mable Essen
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed 7-1-1919

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69992

County of Bear Lake

City of Montpelier

No. 693-103-004-893 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Leonard Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	6 3 1919

FATHER		MOTHER	
FULL NAME	L Wilcox	FULL MAIDEN NAME	L M Hiet
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nordbord	BIRTHPLACE	Garden City Tel
OCCUPATION	Farm	OCCUPATION	[illegible]

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed 7-1-1919 H H King Registrar

DEC 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69993

County of Bear Lake

City of Montpelier

No. 238-207-004-238 St.

Registration District No. 52

File No.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Selma Mildred Schick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen		Yes	6 7th 8 191 9

FATHER		MOTHER	
FULL NAME	F. C. Schick	FULL MAIDEN NAME	Minnie Schiz
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Oschley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 7-1-1919 H H Kerr

Registrar

Registrar

FEB 9 1943

ed States
rtment of Commerce
au of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6999
Local Reg. No.
Reg. Dist. No.

ACE OF BIRTH (All items at time of this birth)
) County Bear Lake (b) City Montpelier
) Street Address or R.F.D. No.
) Name of Hospital or Maternity Home: Born at home
) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yr
3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

ULL NAME CHILD Selma Mildred Schick
5. Date of Birth of Child (Month, day, year) June 7-1919
x Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
ULL NAME Fredrick Charles Schick
Color or Race White
12. Age at time of THIS birth 47 yrs.
Birthplace Bretzfeld (City or town) Germany (State or foreign country)
Exact Occupation Butcher
Industry or Business Butcher

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Fredericka Wilhelmina Schif
17. Color or Race White
18. Age at time of THIS birth 37 yr
19. Birthplace Hoslinsworth (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

Name prophylactic used to prevent Ophthalmia Neonatorum None
Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the da
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who
related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

e of Idaho
nty of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appea
em 4, above, that I am now 37 years of age, that I have known this person for 23 years, and th
Geo. F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state th
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und
pter 139, 1937 Session Laws.

Mrs L W Winter Signatu
2628 Gramercy Ogden, Utah P. O. Addre

Subscribed and sworn to before me this 18th day of March, 1942
(SEAL) Glenn A. Langlois Notary Public, residing at Montpelier, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on MAR 19 1942 by [illegible] 1943 [illegible], Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-208-004-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Registration District No. 52 File No. 69994

No. ..... St. Primary Registration District No. 2136. Registered No. .....

Hospital .....

FULL NAME OF CHILD June Oakey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gra		Jy	6 8 1919

FATHER		MOTHER	
FULL NAME	James H Oakey	FULL MAIDEN NAME	K C Stewart
RESIDENCE	Dingee	RESIDENCE	Dingee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Dingee	BIRTHPLACE	Woodburn
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Oakey

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho

Filed 7-1 1919 H H Kingman

Registrar Registrar

MARGIN RESERVED FOR ...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 19/0

3-13-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada

County of Washoe

Certificate No. 69994

Date Filed

RECEIVED AUG 25 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Oakey (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1919 (Date of Event)

in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Baptism and Church Membership Record (Bible Record, Insurance Policy, Etc.) prepared on 7-3-27 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	omitted	June Oakey

Subscribed and sworn to before me this 10th day of August, 1971

Notary Public, residing at Sparks Nevada

My commission expires 5-8-74

(Seal)

RUBY L. LESSENGER
Notary Public State of Nevada
Washoe County
My Commission Expires May 7, 1974

Signed S. L. Oakey (Brother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 Phillips Ave. Sparks, Nevada 89431

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho

County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of August, 1971

Notary Public, residing at Rupert, Idaho

My commission expires 4-5-73

(Seal)

Signed Dell L. Thompson

(Signature of Any Credible Person)

713 E. Street Rupert Idaho

(Street Address, City, State)

Bishop, Rupert Ward

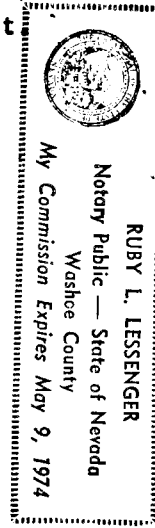
FORM DH 60-155

C.C. (O) nm

Certificate of Baptism and Confirmation from LDS Church dated July 3, 1927 gives name as June Oakey daughter of James M. Oakey and Theola C. Stewart Born June 8, 1919 at Montpelier, Idaho. Was Baptized July 3, 1927. and confmd. July 3, 1927. Viewed by V. S.

AUG 2 6 1971

Certificate of membership ro LDS Church gives name June Oakey Langford. born June 8, 1919 at Mo ntpelier, Idaho. Gives father's name as James M. Oakey and mother's name as Theola C. Stewart. Viewed by V. S.



759-210-004-141

name added 7/10/80

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

69995

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Genice Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	6 10 1919

FATHER		MOTHER	
FULL NAME	Jas Perkins	FULL MAIDEN NAME	Mary A Lapton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montpelier	BIRTHPLACE	Eugene
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho

Registrar

Filed 7-1- 1919

H H King Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

JUL 1 3 02 PM '80

Certificate No. 69995
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Perkins (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 10, 1919 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Genice Perkins

Subscribed and sworn to before me this 23rd day of June, 1980

Notary Public, Lori A. Hall
Residing at 905 24th Ogden, Utah
My commission expires 2-20-84
(Seal)

Genice Rogbaar
Signature of Applicant

1991 Fillmore Ave.
Street Address, City, State
Ogden, Utah 84401

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Training from the Internal Revenue Services gives nam [redacted] Roghaar
Dated Jan 17, 1964. viewed by V. S.

Insurance policy from American National Ins. Co gives namea Genice Roghaar, married
born Feb 24, 1958. policy No. 20 129 687. ~~vixe~~ vieweed by V. S.

JUL 11 1980

415-105-004-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 69996

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Hersel Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Preston Hay Davis	FULL MAIDEN NAME	Matilda Teuscher
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Montpelier Ida
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 7-1-1919

[signature] Registrar

..... Registrar

MARGIN RESERVED FO...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IN 1942

397-214-004-215

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

69997

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Golda Mae Tippetts

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	1	3	Yes	June 14 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alva V. Tippets	FULL MAIDEN NAME	Ruth Raven
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Georgetown	BIRTHPLACE	Montpelier
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

7-1-19 by - H H King Registrar

Filed 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 1948

819-213-004-299

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Raymond

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 69998

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Murel Hart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	\		3rd.	Yes	June 13 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. A. Hart	FULL MAIDEN NAME	Susan Birch
RESIDENCE	Raymond, Ida.	RESIDENCE	Raymond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Evingston, Wyom.	BIRTHPLACE	Millville, Utah.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Montpelier

Filed 7-1-19 — By H H King — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-218-004-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Woodland

Registration District No. 52

File No. 69999

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bobbette Kent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	6 18 1919

FATHER		MOTHER	
FULL NAME	William W Kent	FULL MAIDEN NAME	M B. Schmit
RESIDENCE	Woodland	RESIDENCE	Woodland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Jemison Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Cuddy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 7-1-1919

Registrar

Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 8 1971

MAY 1 1974

259-123-004-884

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

name added 1-28-83

City of Liberty

Registration District No. 52

File No. 70000

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD LuDean Hymas Derricott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			6-23-9 191

FATHER		MOTHER	
FULL NAME	Charles Derricott	FULL MAIDEN NAME	Janemia Hymas
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Liberty	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Erickson

City (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 7-1-1919

Registrar

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-15-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Sonoma } ss. JAN 18 4 03 PM '83

Certificate No. 70000
Date Filed 7/11/19

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Derricott (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 23, 1919 (Date of Event)

in Liberty (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	~~LuDean Hymas Derricott~~

OFFICIAL SEAL
HELENE AGOSTINI
NOTARY PUBLIC - CALIFORNIA
SONOMA COUNTY
My comm. expires MAR 16, 1984

Subscribed and sworn to before me this 12th day of January, 1983.
Notary Public, Helene Agostini
Residing at Santa Rosa, California
My commission expires March 16, 1984
(Seal)

LuDean Hymas Derricott
Signature of Applicant
3619 Yale Dr. Santa Rosa, Calif.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Ordination from LDS Church gives LuDean Hymas Derricott was ordained an Elder on March 13, 1960 Viewed by V.S.

JAN 2 8 1983

Marriage Certificate from State of Utah County of Cache gives LuDean Hymas Derricott and Shirley Rae Miles were married June 19, 1946 at Pocatello, Idaho and were sealed June 13, 1960 at Logan , Utah. Viewed by V.S.

27-123-004-366

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO
N. B.—In case of more than one child at birth a SEPARATE RETURN must be mad
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC WELFARE 70001
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 7 1939

Registration District No. 52 State File No. .....

Prim. Registration District No. 2136 Local Registrar's No. 100

FULL NAME OF CHILD.....

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 23rd 1918

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 7 (a) Born alive and now living 7

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	George H. Sparks	FULL MAIDEN NAME	Myrtle E. Cook
Residence (Usual place of abode)	Dingle	Residence (Usual place of abode)	Dingle
If nonresident, give place and State	Idaho	If nonresident, give place and State	Idah
Color or race	White	Color or race	29
Age at last Birthday	34 (Years)	Age at last Birthday	29 (Years)
Birthplace (City and State or Country)	Dingle, Ida	Birthplace (City and State or Country)	Dingle, Ida
Occupation	Farmer	Occupation	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 4.20 A M M. on the date above stated.

(Signature) G.F.Ashley M.D.

Phydician
(Physician or midwife)

Address Montpelier, Idaho

Filed July 1st 1919 H.H.King
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(over)

Original record disappeared from files.

This is an exact copy of the birth record on file with the local registrar in district where child was born.

Pearl Dillingham
State Registrar

Jan. 13, 1939

244-231-004-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 70002

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Claire Knutti

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 31 1919

FATHER		MOTHER	
FULL NAME	Neal Knutti	FULL MAIDEN NAME	Blanche Burke
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Laborer (Section) R.R.	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:26 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. King M.D.

Physician (Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report.

..... 19.....

Filed 7-1-1919

A. H. King
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1973

MAR 31

133-227-004-249

Amended 5/16/73

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70003

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Helen Allred

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	\		2	Yes	May 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie D. Allred	FULL MAIDEN NAME	Ellen Smith
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Logan
OCCUPATION	Dairyman	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 7-1-19 - HHKing - Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1956

MAY 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 15 10 33 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70003

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Allred (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1919 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	May 28, 1919	May 27, 1919

Subscribed and sworn to before me this 10th day of May, 1973

Jan Stewart

Notary Public, residing at 441 E. 4300 So.

My commission expires 2-1-77

(Seal)

Signed Eileen Smith Alfred Humphreys
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2220 E 4800 So. SLC Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1973

Jan Stewart

Notary Public, residing at 441 E. 4300 So.

My commission expires 2-1-77

(Seal)

Signed Jonas W. Fercher
(Signature of Any Credible Person)

8486 So. 1520 E Sandy
(Street Address, City, State)

FORM DH 60-155

Ck 5-3-73 retd $5 ck.

Certificate of Blessing from LDS Church gives name as Helen Allred born on May 27, 1919. Daughter of Archie D. Allred and Ellen Smith, Was Blessed July 17, 1919. Viewed by V. S.

MAY 16 1973

Certif. of Baptism gives name as Helen Allred daughter of Archie D. Allred and Ellen Smith. Born May 27, 1919. Was Baptized July 2, 1927. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-173-004-266

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

Registration District No. 52

File No. 70004

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 23 1919

FATHER		MOTHER	
FULL NAME	Alma Lofton	FULL MAIDEN NAME	Mable F Booth
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Dingle	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Cuddy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 7-1-1919

..... Registrar

H H Kerr Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. 651-123-004-844 St.

Registration District No. 52

Primary Registration District No. 2136

File No. 70005

Registered No.

Hospital

FULL NAME OF CHILD Leo Stewart Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 23 1919

FATHER		MOTHER	
FULL NAME	Wallace Weaver	FULL MAIDEN NAME	Alta Humphreys
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Bennington	BIRTHPLACE	Temple
OCCUPATION	Farm	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Cailey

Physician (Physician or midwife)

Given names added from a supplemental report.

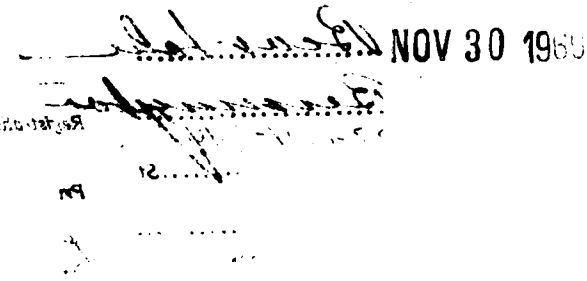
Address Montpelier Idaho

19

Filed 7-1-1919 H H King

Registrar

Registrar


NOV 30 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Registration District No. 52 File No. 70006

No. 818-118-004-415 St.

Primary Registration District No. 2136 Registered No.

Hospital Montpelier Hosp.

FULL NAME OF CHILD Woodrow E. Hayward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	5 18 1919

FATHER		MOTHER	
FULL NAME	G. H. Hayward	FULL MAIDEN NAME	Eva Davis
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ice	BIRTHPLACE	Single Idaho
OCCUPATION	Eng. O. & L. RR	OCCUPATION	Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Ashley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 7-1-1919 H. H. Berg

Registrar Registrar

Certified Copy issued Feb. 14, 1941. E.W.

AUG 2 2 1990

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

CHILD'S NAME ADDED 4-26-2011 CMW

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 70007

No. 769-219-004-253 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD BEULAH PORTER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fine		Yes	5 19 1919

FATHER		MOTHER	
FULL NAME	H A Porter	FULL MAIDEN NAME	V. A. Beck
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Star Valley	BIRTHPLACE	Lanark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Cuckley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 7-1-1919 H H Kerr

Registrar

Registrar

APR 26 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NEVADA } SS
County of CLARK

Certificate No. 1919-70007
Date Filed 07/01/1919

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for (unnamed Porter) (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/19/1919 (Date of Event)
in Montpelier (Bear Lake Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Beulah Porter

Subscribed and sworn to before me this day of April 15, 2011
Notary Public, Alicia R Hughes
Residing at
My commission expires Jan 10, 2013
(Seal)

ALICIA R. HUGHES
Notary Public
State of Nevada
Appt. No. 09-8989-1
My Appt. Expires Jan. 10, 2013

Beulah Porter Liechty
Signature of Applicant
3209 Stanley Ave North Las Vegas 89030
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } SS
County of

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

March 16, 2011 WASHINGTON BIRTH CERTIFICATE #146-1945-041033 TERRANCE KAY LIECHTY BORN 11-19-1945 MOTHER'S MAIDEN NAME: BEULAH PORTER VIEWED BY VS
LDS INDIVIDUAL ORDINANCE SUMMARY TERRANCE KAY LIECHTY BAPTIZED: 12-3-1953 MOTHER'S MAIDEN NAME: BEULAH PORTER VIEWED BY VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. 315-123-004-315 St.

Registration District No. 52

File No. 70008

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Woodrow Paul Lantry

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 5 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lantry	FULL MAIDEN NAME	Ellen Lance
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	63 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Utah
OCCUPATION	Eng. A&S	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. F. Gilbley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Registrar

Filed 7-1-1919

H H Kerry
Registrar

Certified copy issued 2-19-1941. dp

NOV 23 1973

845-231-004-141

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bear Lake

Amended 7/9/75

CERTIFICATE OF BIRTH

City of Montpelier

Registration District No. 52

File No. 70009

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Mae Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen		Yes	3 31 1919

FATHER		MOTHER	
FULL NAME	Leo Hunter	FULL MAIDEN NAME	Mary Jewett
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wage

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Cooley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Idaho

Filed 5-15-19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 16 10 34 AM 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70009

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hunter (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1919 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lois Mae Hunter
Date of birth	May 6, 1919	March 31, 1919

Subscribed and sworn to before me this 10 day of June, 19 75. NOTARY PUBLIC
Residing at American Falls, Idaho
Notary Public, residing at ..... My Commission Expires
My commission expires ..... March 14, 1976
(Seal) D Maynes Jensen

Signed Jean H Burpee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
411 Jefferson Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 19 75.
Residing at American Falls, Idaho
Notary Public, residing at ..... My Commission Expires
My commission expires 6-1-76 March 14, 1976
(Seal)

Signed Clifford Hunter
(Signature of Any Credible Person)
Blooding Idaho Rt 1
(Street Address, City, State)

FORM DH 60-155

Certif. of Baptism and Confirmaton from the LDS Church gives name as Louis Mae Hunter daughter of George T. Hunter and Mary L. Jewett. born March 31, 1919 at Mobtpelier, Idaho. Baptized Oc.t 20, 1927. viwed by V.S. JUL 9 1975

Certif of Blessing from the LDS Church gives name as Lois Mae Hunter daughter of George Hunter and Mary L. Jewett. born March 31, 1919 at Montpelier, Idaho. Was Blessed June 1, 1919. viewed by v. S.

235-205-004-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Montpelier

Registration District No. 52

File No. 70010

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	5-5-1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glenn Stewart	FULL MAIDEN NAME	Mary Stevens
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Bloomington
OCCUPATION	Clerk	OCCUPATION	[illegible]

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 79 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

..... 19.....

Filed 5-15-1919 [illegible]

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nordbord

No. 245-101-004-255 St.

Hospital

Registration District No. 52

Primary Registration District No. 2136

File No. 70011

Registered No.

FULL NAME OF CHILD

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 (Month) 1 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Martin Kerry	FULL MAIDEN NAME	Genevieve Kelch
RESIDENCE	Nordbord	RESIDENCE	Nordbord
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sheepcreek	BIRTHPLACE	Nordbord
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Idaho

19

Filed 7-1-1919

Registrar

H H Kerry

Registrar

714-129-004-369

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 File No. 70012

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3-29-1919

FATHER		MOTHER	
FULL NAME	Clem Paulsen	FULL MAIDEN NAME	Christian Rasen
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Liberty	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Cooley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Idaho

Filed 5-15-1919

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 491-129-035-855
BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70013

County of Nez Perce

City of Southwick

Registration District No. 92 File No. 7

No. ..... St.

Primary Registration District No. 2170 Registered No. 7

Hospital .....

FULL NAME OF CHILD ..... John Erwin Draper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 29 1919

FATHER		MOTHER	
FULL NAME	John L. Draper	FULL MAIDEN NAME	Mary E Henderson
RESIDENCE	Southwick Ida	RESIDENCE	Southwick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	99 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hines

Midwife

(Physician or midwife)

Address Southwick Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-24 1919 E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 2 3 19[redacted]

DECEASED

Amended 3/20/72

234-22-035-593

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 70014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Southwick
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Southwick
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Roxanna
b. (Middle): Celesta
c. (Last): Stump

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 22, (Year) 1919

FATHER OF CHILD

7. FULL NAME
a. (First): Pete
b. (Middle):
c. (Last): Stump

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mo

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Veda
b. (Middle): C.
c. (Last): Nichols

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wash.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Russell Truitt

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-24-19

22. REGISTRAR'S SIGNATURE: E. E. Watts

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

12-13-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 8 2 30 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce

Certificate No. 70014

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernandine Stump (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1919 (Date of Event)
in Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 22, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Bernandine Stump	Roxanna Celesta Stump
[illegible] name	[illegible]	[illegible]

Subscribed and sworn to before me this 26th day of February 19 72

Bruce A. Tarbet
Notary Public, residing at Lewiston, Idaho
My commission expires May 1, 1974
(Seal)

Signed Ida Bunning Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1116-15th St., Clarkston, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February 19 72

Bruce A. Tarbet
Notary Public, residing at Lewiston, Idaho
My commission expires May 1, 1974
(Seal)

Signed Howard K Clark
(Signature of Any Credible Person)

Box 1 Peirce Idaho
(Street Address, City, State)

Family Bible Record gives child's name as Roxamma Celesta Stump born Tuesday April 22, 1919. did not give place of birth. appears to be old. Viewed by V S

Insurance Policy from from Gem State Mutual Assoc. of Pocatello, Idaho gives name as Roxanna C. Wells. Dated ~~XXX~~ Nov. 9, 1949. Policy No. 51856-Y. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70014

County of Nez Perce

City of Southwick

No. ..... St.

Hospital .....

Registration District No. ..... File No. 7

Primary Registration District No. ..... Registered No. 8

FULL NAME OF CHILD Bernardine Stump

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	April 22 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pete Stump	FULL MAIDEN NAME	Veda C Nichols
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Smith

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-24 1919 E. E. Watts

Registrar Registrar

DEC 13 1971

MAR 20 1972

755-124-035-389

PLACE OF BIRTH

Form V. S. No. 11-C—22m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70015

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 93

Primary Registration District No. 2170

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\		\	Yes	6 24 1917

FATHER		MOTHER	
FULL NAME	Sherman Peer	FULL MAIDEN NAME	May B Chitwood
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-24 1917

E. E. Watts Registrar

MARGIN RESERVED FOR BIND...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT ...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-121-036-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

70016

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. .....

Registered No. .....

FULL NAME OF CHILD Stanford Edgar Storey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	1	Yes	6 21 1917

FATHER		MOTHER	
FULL NAME	Edward V Storey	FULL MAIDEN NAME	Nola Coffin
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mich
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 0130 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-21-1917 E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 700016

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for ~~Marvin Glen Storey~~ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on ~~Dec. 3, 1916~~ (DATE OF EVENT)

in ~~Gifford Idaho~~ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ~~Feb. 23, 1943~~ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Stanford Edgar Storey

Subscribed and sworn to before me this 23rd. day of Feb. 23, 1943

Harry A. Hall

Notary Public, residing at Lewiston Ida.

My commission expires April 1st. 1946

(SEAL)

Signed Nola C. Storey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Myrtle, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 11 1945

FEB 27 1943

FEB 8 1945

997-112-035-85-9

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. 70017

Registered No. 4

FULL NAME OF CHILD EDWIN LOUIS HERMANN RIGGERS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S			Yes	6 12 1919

(To be answered only in event of plural births)

FATHER

FULL NAME: Dietrich Riggers

RESIDENCE: Gifford Ida

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Germany

OCCUPATION: Millman

MOTHER

FULL MAIDEN NAME: Emma Hartman

RESIDENCE: Gifford Id

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Germany

OCCUPATION: housewife

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-12 1919

E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 70017

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on June 12, 1919 (Date of Event)
in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edwin Louis Hermann Riggers

Subscribed and sworn to before me this 29th
day of January, 1942

Notary Public, residing at Lenore Idaho

My commission expires Nov. 18 1942
(Seal)

Signed Emma Riggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)

Gifford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 1 1942

JUL 3 1942

231-118-225-335

PLACE OF BIRTH

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Van Buren

City of Leland Ida

Registration District No. 92 File No. 7001 8

No. ..... St.

Primary Registration District No. 2170 Registered No. 9

Hospital

FULL NAME OF CHILD Eugene Thomas Blankenship

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	June 18 1919

FATHER		MOTHER	
FULL NAME	Jesse Blankenship	FULL MAIDEN NAME	Doris Lee
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Elk Mound Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at five A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs Chas Hoskin

(Physician or midwife)

Address Cegatha Idaho

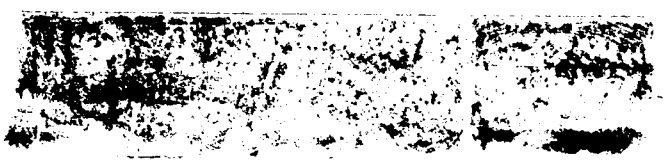
Filed 6-28 1919 E. E. Watts Registrar

2-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 3 1943

819-105c
013-66
PLACE [redacted]

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Hill City

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 70019

Registered No. .....

Full Name of Child Fred Harrison

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grant Harrison	FULL MAIDEN NAME	Ada Ford
RESIDENCE	Hill City	RESIDENCE	Hill City, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ark,	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Ott P Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Fairfield, Ida

Filed July 2 1919 L Willencheck
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

228-212-013-413

PLACE OF BIRTH

County of Camas

City of Carral

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ **File No.** 70020

Primary Registration District No. _____ **Registered No.** _____

Full Name of Child _____

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
Female				yes	June (Month) 12 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Chas N. Ashmead	FULL MAIDEN NAME	Bertha Mack
RESIDENCE	Carral, Ida	RESIDENCE	Carral, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs

M.D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Fairfield, Ida

Filed July 2 1919 L. Willencheck
Registrar

497-116-013-962

PLACE OF BIRTH

County of Camas

City of Fairfield 3 Mi. South

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

70021

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

Full Name of Child Dwight Robinson Dixon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	June 16 1919

FATHER	MOTHER
FULL NAME Riley L. Dixon	FULL MAIDEN NAME Alva Retta Robinson
RESIDENCE Fairfield, Ida	RESIDENCE Fairfield, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. O. Higgs M. D.
(Physician or midwife)

Address Fairfield, Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed July 7 1919 L. Wilencheck Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Idaho,
ss:
County of Gooding,

Alva Retta Robinson Dixon being first duly sworn on oath deposes and says: that she is the mother of Dwight Robinson Dixon who was born on a ranch about three miles south of Fairfield, Camas County, Idaho on the 16th day of June, 1919. Father's name is Riley Lyman Dixon and mother's maiden name is Alva Retta Robinson.

Alva Retta Robinson Dixon

Subscribed and sworn to
before me this 11th day of
April, 1941.

M F Ryan

Notary Public for the State of Idaho;
residing at Gooding, Idaho.

JUN 28 1941

c.c. 4/19/41. WH

791-120-013-343

PLACE OF BIRTH

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70022

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Full Name of Child CHESTER WALTER GRAHAM

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		yes	June 20 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Chas. Graham	FULL MAIDEN NAME: Anna Tritthart
RESIDENCE: Fairfield, Ida	RESIDENCE: Fairfield, Ida
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Okla.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1, A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm P Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Fairfield, Ida

Filed July 7 1919 L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

696-123-013-695

PLACE OF BIRTH

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 70023

Registered No. .....

Full Name of Child Peter Dee Frostenson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			yes	June 23 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. F. Frostenson	FULL MAIDEN NAME	Johanna Oredson
RESIDENCE	Fairfield, Ida	RESIDENCE	Fairfield, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DelWitt P. Higgs

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Fairfield, Ida

Filed July 2 1919 L. Willencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-127-013-359

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70024

County of Camas

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Full Name of Child no name

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		no	June (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Leech	FULL MAIDEN NAME	Echo. Leigh
RESIDENCE	U. S. Army A. E. F.	RESIDENCE	Fairfield, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Utah
OCCUPATION	soldier at present	OCCUPATION	Waitress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. the date above stated.

*When there was no attending physician or wife, then the father, householder, etc., make this return. A stillborn child is it neither breathes nor shows other evi- life after birth.

(Signature) DeWitt P. Higgs

M. D.
(Physician or midwife)

es added from a supplemental report

..... 19....

Address Fairfield, Ida

Registrar

Filed July 7 1919 L. Willacheck
Registrar

...ING INK—THIS IS A PERMANENT RECORD

...at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-113-018-215

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119 File No. 70025

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital At Home

FULL NAME OF CHILD Virgil Wickel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 13 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Primay Wickel	Ruby Lavon Savage
RESIDENCE	Elba Idaho	Elba, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Elba Ida	Gooding, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Sales M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

....19....

....
Registrar

Filed July 3 1919 C. D. Sales
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 26 1967

433 - 230 - 008 - 795

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Gardena

Registration District No. 6

File No. 70026

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Grace Alice McCabe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	June 30 1917

FATHER

FULL NAME: Charles Antony McCabe

RESIDENCE: Gardena Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Malvina Preston

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: House wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Address 2da

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-2- 19 17 J. L. Reynolds Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E PLAINLY ... ...NFADING INK—THIS IS A PERMANENT RECORD

453-105-023-268

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 70027

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil O Mech	FULL MAIDEN NAME	Mary Kohl
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Austria
OCCUPATION	Plumber	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

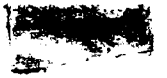
..... 19.....

..... Registrar

Filed June 8 1919 J L Reynolds Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



785-213-023-795

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett RD #2

Registration District No. 4

File No. 70028

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Sarah Rynearson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June 13 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Emery Rynearson	FULL MAIDEN NAME	Etta May Green
RESIDENCE	Emmett RD #2	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	New Mex
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 30 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Idaho

Filed June 15 1917 J L Reynolds
Registrar

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

5-21-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 26 11 06 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ben }

Certificate No. 70028

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Rynearson (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1919 (Date of Event)

in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Maxine Sarah Rynearson

Subscribed and sworn to before me this 26th day of March 1973

Mary E. Young

Notary Public, residing at Emmett, Idaho

My commission expires April 9, 1975

(Seal)

Signed Mrs. Mary Rynearson Restefeldt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

408 N. Maple Emmett, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Ronald Jack Christensen born June 4, 1937 at Emmett, Idaho. State file No. #255986 gives mothers name as Maxine Sarah Rynearson.

MAR 26 1973

Viewed by VS

State of Idaho,Emmett Public Schools , Diploma May 19, 1933 signed by C. Elmer Roberts, Superintendent gives name as Maxine Sarah Rynearson.
Viewed by VS

442-119-023-489

PLACE OF BIRTH

[redacted]TE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

70029

County of Gem

City of Emmett

Registration District No. 6

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Vernon Robert Dubberke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		?	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry William Dubberke	FULL MAIDEN NAME	Olive Myrman
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Minn.
OCCUPATION	Saw Mill work	OCCUPATION	House wife

Number of [redacted] this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[redacted]ify that I attended the birth of this child, who was alive at 4 30 a M.
[redacted]ve stated. (Born alive or stillborn)

[redacted] there was no attending physician or [redacted]hen the father, householder, etc., should [redacted] return. A stillborn child is one that [redacted]thes nor shows other evidence of life [redacted]

(Signature) J L Reynolds

(Physician or midwife)

[redacted]ded from a supplemental report.

Address Emmett Ida

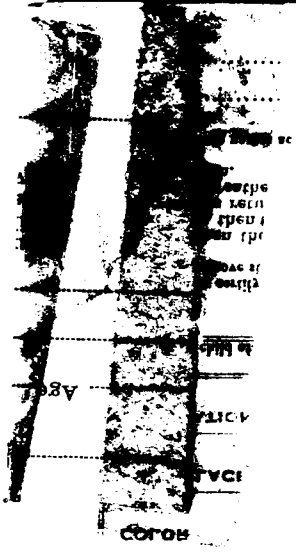
[redacted] 19

Filed 6/21 1919 J L Reynolds

Registrar

Registrar

[redacted]D FOR BINDING
[redacted]G INK—THIS IS A PERMANENT RECORD
[redacted] SEPARATE RETURN must be made for each and the number in order of birth stated.



DEC 1 4 1944

369 - 212 - 027 - 155

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70030

County of Gem

City of Emmett Rd # 2 Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Florence Etta Loraine

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 12 1919

	FATHER	MOTHER
FULL NAME	H Baley Loraine	Martha Ann Stevens
RESIDENCE	Emmett, Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Neb.	S. Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 39 M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett, Idaho

Filed 6/14 1919 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 20030

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nettie Lorain (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1919 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on in 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nettie	Florence Etta Lorain

Subscribed and sworn to before me this 14th day of Sept, 1942.

Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed (Mother) Martha A. Lorain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1942.

Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed H. B. Lorain
(Signature of Any Credible Person Other Than Previous Year)

Filer, Idaho
(Street Address, City, State)

JAN 31 1973

SEP 23 1942

689-125-023-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Gem

City of Montour

Registration District No. 9

File No. 70031

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Albert Whitney

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 25 1917

FATHER	MOTHER
FULL NAME Charles Lember Whitney	FULL MAIDEN NAME Myrtle Westfall
RESIDENCE Montour Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed June 25 1917 J. L. Reynolds
Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 11 1942

253-218-023-962

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett R.D. 1 Registration District No. 6 File No. 70032

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			yes	June 18 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ira LeRoy Bethel	FULL MAIDEN NAME	Millie Robertson
RESIDENCE	Emmett R.D. # 1	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 A. M. on the date above stated.

(Signature) J. K. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 6/18 1919 J. K. Reynolds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1966

299-127-005-231

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70033

PLACE OF BIRTH

County of Benewah

City of De Smet

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Henry Leo Kirkpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May (Month) 27 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Roy Kirkpatrick	FULL MAIDEN NAME	Lily Stanger
RESIDENCE	Sorrento, Idaho	RESIDENCE	Sorrento, Idaho
COLOR	White	COLOR	Halfbreed
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colville, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. A. Smith

Latah, Wash.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed June 22, 1919

John Post, Deputy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1945

OCT 28 1965
OCT 03 2014

219-208-005-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **70034**

County of Bannock

City of DeSmet

No. ..... St.

Registration District No. 31 File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Cecilia Barbieri

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 8, 1919

FATHER		MOTHER	
FULL NAME	Cesar Barbieri	FULL MAIDEN NAME	Catherina Bolandelli
RESIDENCE	DeSmet, Idaho	RESIDENCE	DeSmet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Buenos Ayres, S. America
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a.m. p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cesar Barbieri
(Physician or midwife)

Address DeSmet Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 25, 1919 John Dent, Jr. County Registrar

Dup of 1920-77649

689-117-014-249

PLACE OF BIRTH

Form V. S. No. 11-C [redacted]

[redacted]

County of Canyon

City of Caldwell R.F.D. Registration District No. 9 File No. 10035

No. ____ St. Primary Registration District No. 7001 Registered No. ____

Hospital ____

FULL NAME OF CHILD Archie Lee White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	June 17 (Month) (Day) 1919 (Year)

	FATHER	MOTHER
FULL NAME	Joe Allen White	FULL MAIDEN NAME Lillie May Smith
RESIDENCE	Star Idaho	RESIDENCE Caldwell Ida R.F.D.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	46	40
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Hall M.D.

(Physician or midwife)

Address Star, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

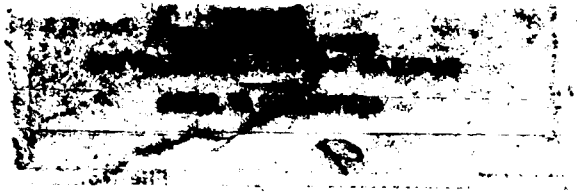
Filed June 17, 19 19 Ellis Hall M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-218-001-457

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70036

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 7001 Registered No. .....

FULL NAME OF CHILD Verna Maud Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		Yes	June 18 1919

FATHER		MOTHER	
FULL NAME	William F Smith	FULL MAIDEN NAME	Grace DeBartee
RESIDENCE	Star Ida	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwifer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed June 18 1919 C W Hall MD Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

DEC 18 1956

492-117
001-893

PLACE [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-25-12

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9 File No. 70037

Primary Registration District No. 7001 Registered No. .....

FULL NAME OF CHILD Herbert Louis Missecar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June 19 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Missecar	FULL MAIDEN NAME	Donna Hill
RESIDENCE	Star, Idaho	RESIDENCE	Star Idaho
COLOR	W. AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Prov. Ontario Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed June 19 1919 O W Hall MD Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 4 1972

289-110-042-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital ....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form 7. S. [illegible] 17

Registration District No. 37

Primary Registration District No. 2085

File No. 70038

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6 10 19

FATHER		MOTHER	
FULL NAME	Oscar Bynum	FULL MAIDEN NAME	Vina Jordan
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kan	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth ..1.. Number of children of this mother now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Knowles

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-7-19 W. F. Pike Registrar

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

70038

DUP OF 19-307933

593-22
642-38

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. [redacted] ICS

County of Twin [redacted]

City of .....

Registration District No. 37

File No. 70039

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Margaret~~ MARJORIE June Victor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	June 28 1919

FATHER		MOTHER	
FULL NAME	Glen Gifford Victor	FULL MAIDEN NAME	Jennie Lynn
RESIDENCE	RFD #1 Twin Falls	RESIDENCE	RFD #1 Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wilcox Nebraska	BIRTHPLACE	Norman Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Grimes

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

..... Registrar

Filed 6/30 1919 W. F. Pike Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 70039

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marjorie June Victor (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 28, 1919 (DATE OF EVENT)
in Twin Falls, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Margery June	Marjorie June Victor

Subscribed and sworn to before me this 14th day of January, 19 43

Katherine V. Ingles

Notary Public, residing at Los Angeles, Calif.

My commission expires Feb. 21, 1946

(SEAL)

Signed Helen Gifford Victor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

836 N. Benton Way, Los Angeles, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 25 1943

367-222-042-S14

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 70040

Registered No. .....

FULL NAME OF CHILD Hazel May Cope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	June 22 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. S. Cope	FULL MAIDEN NAME	Ozia Vaughn
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed 7-7-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1973

DECEASED

445-212-042-762

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 70041

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Munger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 / 17 / 1918

FATHER		MOTHER	
FULL NAME	Fred Munger	FULL MAIDEN NAME	Etta Cobb
RESIDENCE	Twin Ida	RESIDENCE	Twin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 16 1918 W. G. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369 - 130 - 042 - 785

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70042

County of Twin Falls

City of Hollister

Registration District No. 37 File No.

No. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Paul J. Corak

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	May 30 1919

FATHER	MOTHER
FULL NAME: Mark Peter Corak	FULL MAIDEN NAME: Ethel Adelene Prentice
RESIDENCE: Hollister	RESIDENCE: Hollister
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 10:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Drane M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Registrar

Filed July 1 1919 W. F. Pike

DEC 1 4 1967

819 - 205 - 042 - 713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 453 Main ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 70043

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD June Edna Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	June 5th 191..

FATHER		MOTHER	
FULL NAME	Marion E. Harper	FULL MAIDEN NAME	Flora Patz
RESIDENCE	Twin Falls. Idaho	RESIDENCE	Twin Falls. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Colorado.
OCCUPATION	Life Ins. agt.	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed July 3 1919 W. H. Pike Registrar

693-203-042-65-2

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of ..

No. ..... St.

Hospital General Hospital

Registration District No. 39

Primary Registration District No. 1085

File No. 70044

Registered No. .....

FULL NAME OF CHILD Viola Wick

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 3 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Forrest M. Wick

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Illinois

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Winifred West

RESIDENCE Twin Falls, Ida.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Illinois

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Wilson

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-3- 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 2 3 1958

257-220-042-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 501 5th av E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70045

Registration District No. 37

File No.

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD CHARLOTTE Segal

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morris Segal	FULL MAIDEN NAME	Sarah Bonovitch
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	(Rumania) Roumania	BIRTHPLACE	(Rumania) Roumania
OCCUPATION	Second Hand Store	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Registrar

Filed 7-3-1919 W. F. Pike

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 70045

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Segal (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 10, 1919 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by School Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 15 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Segal	Charlotte Segal

Subscribed and sworn to before me this 20th
day of April, 19 42

J. J. Slavitt
Notary Public, residing at 543 N. Cummings

My commission expires 11/19/44
(SEAL)

Signed Sarah Segal (SARAH SEGAL)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2109 E. 4th St. Los Angeles Cal
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 19 42

J. J. Slavitt
Notary Public, residing at 543 N. Cummings St.

My commission expires 11/19/44
(SEAL)

Signed Morris Segal
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2109 E. 4th St. Los Angeles Cal
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 5 1942 By
(REGISTRAR'S SIGNATURE)

FEB 5 1959

317-113-042-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70046

File No. .....

Primary Registration District No. 1185

Registered No. .....

FULL NAME OF CHILD ..... Lee Roy Franklin Taggart .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	6 13 1919

FATHER		MOTHER	
FULL NAME	Frank Taggart	FULL MAIDEN NAME	Ollie Dunlap
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth ..1.. Number of children of this mother now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. D. Mason

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-7- 1919 W. H. Pike

Registrar

JAN 2 1942

168-112-042-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70047

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. ..... St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD William Le Roy Johnson, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Le Roy Johnson	FULL MAIDEN NAME	Helen McGill
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida.

Filed 7-7-1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 7, 1941. E.W.

NOV 16 1943

APR 16 1984

253-22-042-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70048

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ..... Keller, Margaret Louise

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	June 27 1919

FATHER		MOTHER	
FULL NAME	Fred L. Keller	FULL MAIDEN NAME	Samantha Heck
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Ia.
OCCUPATION	Real estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Weaver

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-7-1919 W. F. Kirk Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath

Certificate No. 70048

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Margaret Louise Keller (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 27, 1919 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Keller	Margaret Louise Keller

Subscribed and sworn to before me this 9 day of May, 19 42.

Louise Worley

Notary Public residing at Klamath Falls, Ore.

My commission expires Oct. 6, 1942

(SEAL)

Signed Mrs. Samantha Maher

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Klamath Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 19 42.

J. B. Smith

Notary Public, residing at Klamath County.

My commission expires June 7, 1943

(SEAL)

Signed E. A. Moon

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

165 Taylor St. Twin Falls Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

OCT 12 1945

OCT 15 1945

154-121-042-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 70049

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Denmer Everett Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Denmer L. Andrews	FULL MAIDEN NAME	Dva McCrary
RESIDENCE	Rupert, Ida.	RESIDENCE	Rupert, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Pa.
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (~~Born alive or stillborn~~) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Ida

Filed 7-7-1919 W. F. Pike

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/13/41 L. B.

SEP 29 1940

866-105-042-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Elmer Howell

Form V. S. No. 11-C—Rev-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70050

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 5 1919

FATHER		MOTHER	
FULL NAME	Benjamin Elmer Howell	FULL MAIDEN NAME	Nellie Williamson
RESIDENCE	Twin Falls - Ida - Rural	RESIDENCE	Twin Falls - Ida - Rural
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles R. Scott

(Physician or Midwife)

Address Twin Falls - Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 12 1919 W. G. Pike

Registrar

693-214-042-135

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70051

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ..... Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 14 1919

FATHER		MOTHER	
FULL NAME	Lee Williams	FULL MAIDEN NAME	Maude Alvord
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minnesota
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. G. Pike

(Physician or midwife)

Address Twin Falls Ida.

Filed June 24 1919 W. G. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-223-042-168

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 70052

No. 68 Adams St. Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD JUNE MANSFIELD.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.				Yes.	6 23 1919

FATHER	MOTHER
FULL NAME: Thomas Mansfield.	FULL MAIDEN NAME: Stenza Johnson.
RESIDENCE: Rogerson Idaho.	RESIDENCE: Rogerson Idaho.
COLOR: Wh	COLOR: Wh.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Mona, Utah.	BIRTHPLACE: Richfield, Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 23rd, 1919 at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert O Drake MD

Physician.
(Physician or midwife)

Address Twin Falls. Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 26 1919 W. F. Pike
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

For Dr. Pike

FEB 1 1965

245-116-042-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 70053

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beverly Dale Bunce

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 16 1919

FATHER		MOTHER	
FULL NAME	Charles True Bunce	FULL MAIDEN NAME	Elizabeth Houts
RESIDENCE	Twin Falls - Ida.	RESIDENCE	Twin Falls - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	life insurance	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Scott

(Physician or ~~Midwife~~)

Address Twin Falls - Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed January 14 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-10-1941. D.P.

251-115-042-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70054

County of Twin Falls

City of ..... Registration District No. 37 File No. .....

No. ..... St. Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Max Lean Kearley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 13 1919

FATHER		MOTHER	
FULL NAME	Thomas Cardiff Kearley	FULL MAIDEN NAME	Dorothy Kinker
RESIDENCE	Twin Falls - Ida.	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray F. Scott

(Physician or midwife)

Address Twin Falls - Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 13 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

[redacted]

695-230-042-493

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 991 4th Ave East St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70055

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Louise French

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		Second	Yes	May (Month) 30 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Wm French	FULL MAIDEN NAME	Charlotte Mitchell
RESIDENCE	991 - 4th Ave East Twin Falls	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. Elmer

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 136 Main Ave North Twin Falls

19

Registrar

Filed June 12 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 14 11 17 AM '74

State of Oregon } ss. Certificate No. 70055

County of Washington } Date Filed 8/

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed French (female) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1919 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal records and family information (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Louise Mitchell French

Subscribed and sworn to before me this 9 day of August, 19 74

Ellen P. Dunn

Notary Public, residing at Forest Grove, Oregon

My commission expires 12/5/76

(Seal)

Signed Louise Mitchell French Bergerson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 60, Keasey Route, Vernonia Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of August, 19 74

[signature]

Notary Public, residing at TIGARD, OREGON

My commission expires My Commission Expires Feb. 3, 1977

(Seal)

Signed E. H. French

(Signature of Any Credible Person)

16575 S.W. Walker Rd.

(Street Address, City, State)

Beaverton Ore 97005

FORM DH 60-155

CL 7/9/74

School Census record for child gives name as Louise fremch born 5/30/19/ viewed by. V. S. School census for 1938.

OCT 4 1974

Marriage record gives name as Louise French and the groom's name as Harold Lenord Bergerson. dated April 16, 1941. Meidcal tests record for marriage. viewed by VS

499-122-042-136

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70056

County of Twin Falls.

City of Twin Falls

No. Spanish Rooming House

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Joe Uriola.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male.	Second. (To be answered only in event of plural births)	Yes.	May (Month) 22 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Uriola.	FULL MAIDEN NAME	Mary Alorta.
RESIDENCE	Twin Falls. Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Rooming House Prop.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 136 Main Ave North Twin Falls Ida

19

Filed 19

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-206-042-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C-20m-04-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 70057

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Betty Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 6 1919

FATHER		MOTHER	
FULL NAME	Gent W. Sanders	FULL MAIDEN NAME	Jessie Constable
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Foreman Filter Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. G. Tibbs
Physician
(Physician or midwife)
Address Twin Falls, Idaho

Filed June 9 19 19 W. G. Tibbs Registrar

FEB 24 1943

816 - 125-042 - 712

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70058

County of Twin Falls

City of .....

Registration District No. 37 File No. .....

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Von Willard Hawley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 25 1919

FATHER		MOTHER	
FULL NAME	Everett Hansford Hawley	FULL MAIDEN NAME	Reta Grace Gabbard
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at 2 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott
(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

JUL 7 1944

DEC 16 1957

343-128-042-319

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70059

County of Twin Falls

City of Twin Falls Registration District No. 97 File No.

No. St. Primary Registration District No. 1185 Registered No.

Hospital

FULL NAME OF CHILD Robert Carlson Leichliter

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 28 1919

FATHER		MOTHER	
FULL NAME	Lexi Hamilton Leichliter	FULL MAIDEN NAME	Elda Viola Carlson
RESIDENCE	Gannett - Ida.	RESIDENCE	Gannett Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or midwife)

Address Twin Falls - Ida.

Given names added from a supplemental report.

19

Registrar

Filed June 12 1919 W. H. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1954

962-225-042-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

70060

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Virginia Juanita Roberts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	May 25 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Caleb Roberts	FULL MAIDEN NAME	Elorda Rose
RESIDENCE	Twin Falls - Rural	RESIDENCE	Twin Falls - Rural
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Scott

(Physician or ~~Midwife~~)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 12 1919 W. H. Pike Registrar

165 - 130 - 042 - 113

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70061

Registration District No. 37 File No. .....

Primary Registration District No. 1185 Registered No. .....

FULL NAME OF CHILD ..... CHARLES ALBERT Jones .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	January 30 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas A. Jones	Clara Jackson
RESIDENCE	Twin Falls Ida.	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Employee of Canal Co.	Housewife

Number of child of this mother including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. T. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed January 30 1919

W. T. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

OCT 4 19[illegible]
RECEIVED

Certificate No. 70061
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Charles Albert Jones (Name on original certificate) who born (Was born or died) on June 30th 1919 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on soon after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jones	Charles Albert Jones

Subscribed and sworn to before me this 1st
day of October, 1941

J E Faherty
Notary Public, residing at Twin Falls
My commission expires June 1st 1943
[SEAL]

Signed James E. Jones (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

536-4th Ave East Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

449-212-042-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70062

County of Twin Falls

City of Twin Falls

No. 305-3rd Ave East St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD Mae Lottie Murray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 12, 1919

FATHER	MOTHER
FULL NAME: Eddie James Murray	FULL MAIDEN NAME: Lottie May Newton
RESIDENCE: Twin Falls,	RESIDENCE: Twin Falls,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Kansas
OCCUPATION: Laundryman	OCCUPATION: House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford S Powell M.D.

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

19

Registrar

Filed June 30 19 19 W. F. Pike

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss.
County of Baker

AUG 29 1941

Certificate No. 70062
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)

for Mae Lottie Murray (Name on original certificate) who was born (Was born or died) on May 12 - 1919 (Date of event)

in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Mae Lottie Murray

Subscribed and sworn to before me this 27th day of August, 1941

[signature]

Notary Public, residing at Baker Or

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Aug 1 1944

[SEAL]

Signed Lottie Mae Murray Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1543-1st Street Baker Or
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Baker

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Aug 1941

[signature]

Notary Public, residing at Baker

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Aug 1 1944

[SEAL]

Signed Ogoretta R. Carpenter
(Signature of any credible person other than the previous affiant)

1543-1st Street
(Street Address, City, State)
Baker Or

Received for filing on by
(Registrar's signature)

MAR 1 1950

462-207-042-466.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 70063

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital ..... MAXINE L.

FULL NAME OF CHILD Baby Doss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	June 7th 1919

FATHER		MOTHER	
FULL NAME	Walter L Doss	FULL MAIDEN NAME	Lora Moon
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7-8-1919 W. F. Pike Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Twin Falls Idaho } ss.
County of Twin Falls }

Certificate No. 70063

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Maxine Lora Doss (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on June 7 - 1919 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) are erroneous or (were omitted) and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Doss	Maxine L. Doss

Subscribed and sworn to before me this 16th
day of February, 19 42
Ruth G. Edmunds
Notary Public, residing at Twin Falls, Idaho
My commission expires January 10, 1946
(SEAL)

Signed Lora Moon Doss (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February, 19 42
Ruth G. Edmunds
Notary Public, residing at Twin Falls, Idaho
My commission expires January 10, 1946
(SEAL)

Signed Mrs I A Appell (nurse)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
445 - 3 ave N.
(STREET ADDRESS, CITY, STATE)
Twin Falls, Idaho

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

FEB 28 1942

962-228-042-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 2nd Ave. Earl St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70064

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Geraldine Jones Robertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—			yes.	June 28 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy C. Robertson	FULL MAIDEN NAME	Rena Myrl Overend
RESIDENCE	Twin Falls.	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Minnesota
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emes M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed 7-8-1919 W. F. Pike

Registrar

Registrar

APR 15 1942

563-221-042-239

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 70065

Registered No. .....

FULL NAME OF CHILD Jane Nott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 21 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman F. Nott	FULL MAIDEN NAME	Edith Stratton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	sheep shearer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls - Ida

Filed June 12 1919 W. F. Pike

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-123-092-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. South Park St.

Hospital n.o. (home)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

70066

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Philip Stewart Helsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	June (Month) 23 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Charles Henry Helsley	FULL MAIDEN NAME	Eva C Shaw
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas City Missouri
OCCUPATION	Auto Mechanic.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emer M.D.

Physician. (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

19

Filed 7-9-1919 W. F. Pike

Registrar Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

235-220-002-344

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. .....

File No. 70067

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lucile Steward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde E. Steward	FULL MAIDEN NAME	Grace E. Ludwig
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W.R. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W.R. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher & Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4/20 1919

W. M. Brown
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 18 1951

255-108-002-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-8-17

CERTIFICATE OF BIRTH

70068

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Cecil Gale Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	4 8 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter E. Benson	Harriet Molstrom
RESIDENCE	Indian Valley	Indian Valley
COLOR	W	Wh.
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Ore	Ore
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

[redacted] Registrar

Filed 4/10 1919 W. M. Brown Registrar

JUL 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7-9-71

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 29 1971

State of Oregon
County of Jefferson } ss.

Certificate No. 70068

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Benson Barron (Name on Original Certificate) who was born A (Was Born or Died) on April 8, 1919 (Date of Event)
in Indian Valley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Discharge-Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on October 26, 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Omitted	Cecil Gale Benson

Subscribed and sworn to before me this 26th day of October, 19 71

Notary Public, residing at Madras, Oregon
My commission expires 1-22-74
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

350 C. Street, Madras, Oregon 97741
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 19 71

Notary Public, residing at Madras, Oregon
My commission expires 1-22-74
(Seal)

Signed Maxine G Howe
(Signature of Any Credible Person)

209 Juniper Madras Oregon 97741
(Street Address, City, State)

FORM DH 60-155

CC

Honorable Disharge from U.S. Army gives name as Cecil G. Benson, 39 302 830 Sergeant. Dated Sept. 17, 1945. Signed by Charles B. Ely, Lt. Col. Infantry. Date of birth April 8, 1919.at Indian Valley, Idaho. Viewed by V.S. NOV 3 1971

Application to The Equitable Life Assurance Society of the U.S. gives name as Cecil Gale Benson. ~~XX~~ Date of birth April 8, 1919. Dated May 29, 1962. Viewed by V. S.

843-104-002-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70069

Amended 7/7/75

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Eldon Amasa Hutchison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5/4 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amasa Lamond Hutchison	FULL MAIDEN NAME	Argie Victora Steward
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sublet, Idaho	BIRTHPLACE	Polkleily, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mrs. John Jackson (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Indian Valley

Filed 5/16 19 W. M. Brown

Registrar

Registrar

SEP 30
MAY 2 3 1975
MAY 2 2 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 22 75

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 1 9 31 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 70069

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eldon Amasa Hutchinson (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1919 (Date of Event)
in Indian Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Hutchinson	Hutchison
Fathers name	Hutchinson	Hutchison

Subscribed and sworn to before me this 22 day of July, 19 75

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Richard J. Hutchison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2350 Star Lane Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Marriage License and Certificate gives name as Eldon Amasa Hutchison. This certificate issued July 29, 1941 in Weiser, Idaho. viewed by Vital Statistics.

Discharge papers from U.S. Navy, Post Demob Sep. Activity, Mare Island, CA. gives name as Hutchison, Eldon Amasa. Dated 6 Sept. 1949. Viewed by V.S.

Sister's birth certificate lists Father's name as Amasa L. Hutchison. Sister born July 1915 in Indian Valley, Idaho. Cert. #366039. viewed by V.S.

491 - 110 - 002 - 413

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70070

County of Adams

City of Lamarack

No. ..... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD John W. Draper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	6 10 1917

FATHER		MOTHER	
FULL NAME	Nute Draper	FULL MAIDEN NAME	Carrie E. Mattson
RESIDENCE	Lamarack	RESIDENCE	Lamarack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address Lamarack Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/12 1919

W M Brown Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 27 1942

DECEASED

255-108-002-175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 70072

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... Bert Alva Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6/8 1919

FATHER		MOTHER	
FULL NAME	A. A. Bennett	FULL MAIDEN NAME	Jannie Agee
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..2.. Number of children of this mother now living, including present birth ..2..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brown

(Physician or midwife)

Address Council

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/9 1919 W. W. Brown Registrar

JUN 23 1953

JUL 13 1953

JUL 30 1973

.249-107 002-942

PLACE OF BIRTH

County of Adams Amended 8/19/76

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-17

Registration District No. .....

File No. 70073

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ..... Edward Douglas Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 7 1919

FATHER		MOTHER	
FULL NAME	Daniel Edward Smith	FULL MAIDEN NAME	Ella M. Russell
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 6/7/ 19 19

D. M. Brown Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
FEB 10 53 AM '76

State of ..... } ss.
County of .....

Certificate No. 70073

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1919 (Date of Event)
in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Voter's Reg. & Service Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edward Douglas Smith

Subscribed and sworn to before me this 9th day of February 1976

Linda C. Roberts
Notary Public, residing at Madras, Oregon
My commission expires 04-06-79
(Seal)

Signed Lois Jean Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

250 N. 8th Madras, Oregon 97741
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1976

Linda C. Roberts
Notary Public, residing at Madras, Oregon
My commission expires 04-06-79
(Seal)

Signed Terry L Smith
(Signature of Any Credible Person)

Box 18 Culver, OR
(Street Address, City, State)

FORM DH 60-155 CL 1/7/76 nm

FEB 19 1976

Honorable Discharge from the Army gives name as Edward D. Smith born June 7, 1919 at Council, Idaho. dated Oct 27, 1945. viewed by V. S.

Voting registration card gives name as Edward Douglas Smith. born June 7, 1919. dated March 5, 1962. from Culver, Oregon. viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 11 11 35 AM '76

State of ..... } ss.
County of .....

Certificate No. 70073

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Edward Douglas Smith (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1919 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Daniel Lee Smith	Daniel Edward Smith

Subscribed and sworn to before me this 12th day of April, 1976

T. L. Mahan

Notary Public, residing at Madras, Oregon

My commission expires March 28, 1980

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of April, 1976

T. L. Mahan

Notary Public, residing at Madras, Oregon

My commission expires March 28, 1980

(Seal)

Signed Violet Smith
(Signature of Any Credible Person)

3 NC Box 18 Ore 97734
(Street Address, City, State)

FORM DH 60-155 CL 3/31/76

1 Copy Pd

Service Christmas card gives name as Daniel E. Smith. sent to Mrs Daniel E. Smith in Caldwell, Idaho. from Cpl. E. D. Smith. 35th T.C.C Grp. APO 503 c/O PM San Francisco, California. viewed by V. S.

AUG 19 1976

Voter's registration card gives name as Edward Douglas Smith.
gives father's nameas Daniel Edward Smith. and mother' s name as Ella Russell.
dated March 5, 1962. Culver #17 precinct. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-203
012-294

County of Butte

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70074

City of Moore

No. ..... St.

Registration District No. 59

File No. .....

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD June Alberta Patten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 3rd 1919

FATHER

FULL NAME: William N. Patten

RESIDENCE: Moore Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Rockville Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Maud R. Kidd

RESIDENCE: Moore Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Manchester Tennessee

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5m. to 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah C. B. Stevens

(Physician or midwife)

Given names added from a supplemental report

June 24 1919

O. J. Allen Registrar

Address .....

Filed June 20 1919 O. J. Allen Registrar

S-Y CO. 20174

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-230-012-993

PLACE OF BIRTH

County of Butte

City of Moore

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 70075

Primary Registration District No. 2139 Registered No. _____

FULL NAME OF CHILD ELVA MAY Detton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5-30-19

FATHER	MOTHER
FULL NAME: Clarence Elbert Detton	FULL MAIDEN NAME: Mabel Evelyn Richards
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Brigham City, Utah	BIRTHPLACE: Soda Springs, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Physician (Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

May 31 19 19

A. J. Allen
Registrar

Filed May 31 19 19

A. J. Allen
Registrar

S-Y-CO. 38071

NOV 9 1959

AUG 2 2 1942

Named from card 8/20/42 Z.J.

389 — 228 — 012 — 396

PLACE OF BIRTH

County of Butte

City of Howe

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 70076

Primary Registration District No. 2139 Registered No. _____

FULL NAME OF CHILD Phyllis May Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 28 1914

FATHER	MOTHER
FULL NAME Edgar Leroy Christensen	FULL MAIDEN NAME Mary Hortense Crom
RESIDENCE Howe Idaho	RESIDENCE Howe Idaho
COLOR white AGE AT LAST BIRTHDAY 39 (Years)	COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Bear River City, Utah	BIRTHPLACE Brigham City, Ut.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Patterson

Physician
(Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

May 30 1914

O. J. Allen
Registrar

Filed May 30 1914 O. J. Allen
Registrar

8-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

714-118-012-339

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 70077

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD Garnet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 18 1919

FATHER		MOTHER	
FULL NAME	James William Garnet	FULL MAIDEN NAME	Ina Anna Click
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Charlestown, Utah	BIRTHPLACE	Darby, Mont.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

May 25 1919

A. J. Allen
Registrar

Address Arco, Ida

Filed May 26 1919 A. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-118-012-238

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. 70078

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD RAYMOND HENRY Willman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 18 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Willman	FULL MAIDEN NAME	Mamie Schrambek
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Concordia, Mo.	BIRTHPLACE	St Louis, Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 39 P. M. on the date above stated.

(Signature) E. W. Pt

Physician (Physician or midwife)

Address Arco, Idaho

Filed May 26 1919

[signature] Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

May 25 1919

A. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1944

796-117-012-434

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70079

County of Butte

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59

File No. .....

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Roe Groesbeck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 17 1919

FATHER		MOTHER	
FULL NAME	Squire B. Groesbeck	FULL MAIDEN NAME	Jessie McDonald
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Springville, Utah	BIRTHPLACE	Manti, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

June 21 1919

O. J. Allen
Registrar

Address Arco, Idaho

Filed June 21 1919

O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 10, 1940. B.W.

STATE OF Idaho)
COUNTY OF Cassia) ss.

Squire B. Groesbeck, being first duly sworn, upon oath says: that he is the father of Roe Groesbeck; that said Roe Groesbeck was born at Arco, County of Butte, State of Idaho on the 17th day of June, 1919.

Father's name Squire B. Groesbeck

Mother's maiden name Jessie McDonald

Physician's name Dr. Fox (now at Hailey, Idaho)

Nurse or attendant Mrs. H. L. Jensen

This affidavit is made for the purpose of securing a birth certificate for said Roe Groesbeck.

Squire B Groesbeck

Subscribed and sworn to before me this 3rd day of December, A.D. 1940.

Dennis H. Tucker
Notary Public for the State of Idaho, residing at Burley, therein

My commission expires June 1, 1942.

Send to : Bureau of Vital Statistics,
Board of Health,
State Capitol
Boise, Idaho

DEC 4 1940

365-221-012-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 70080

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD Long

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 21 1919

FATHER		MOTHER	
FULL NAME	George Vest Long	FULL MAIDEN NAME	Clara Julia Boyle
RESIDENCE	Jackson, Idaho	RESIDENCE	Jackson, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Cedar Co, Mo.	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.45 P. M. on the date above stated.

(Signature) L. W. Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed May 20 1919

O. J. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

May 25 1919

O. J. Allen Registrar

S-Y-CO. 38071

165-120-012-319

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Butte

City of Moore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70081

Registration District No. 59 File No. _____

Primary Registration District No. 2139 Registered No. _____

FULL NAME OF CHILD Victor Arby Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	5-20-1919

FATHER		MOTHER	
FULL NAME	William Arby Jones	FULL MAIDEN NAME	Rena May Cartmel
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Silver City, Utah	BIRTHPLACE	Grand Junction, Colo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

May 28 1919

O. J. Allen
Registrar

Address Arco, Idaho

Filed May 28 1919 O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-202-012-165

PLACE OF BIRTH

County of Butte

City of Moore

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 70082

Primary Registration District No. 2139 Registered No. ____

FULL NAME OF CHILD Norma Verle Hanni

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 2 1919

FATHER

FULL NAME: Mark A. Hanni

RESIDENCE: Moore, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Mt Pulier, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lucy D. Jones

RESIDENCE: Moore, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Salem, Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 9, M. on the date above stated.

(Signature) E. W. Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed May 28 1919 A. J. Allen Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

May 20 1919

A. J. Allen Registrar

8-Y-CO. 38071

OCT 1 2 1942

619-204-012-438

Name added 1-25-82

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 70083

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD ALICE Waite

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 4 1919

FATHER	MOTHER
FULL NAME George Waite	FULL MAIDEN NAME Savanah McHenry
RESIDENCE Arco, Idaho	RESIDENCE Arco, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 54 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Brunisfel, Utah	BIRTHPLACE Tennessee
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 12309 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W [illegible]

Physician

(Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

June 10 1919

O. J. Allen Registrar

Filed June 10 1919

O. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 22 1982
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 70083
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Waite (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 4, 1919 (Date of Event)

in Arco (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child;s name	Omitted	Alice Waite

Subscribed and sworn to before me this 20th day of January, 1982.

Notary Public, Ronald R. Robb
Residing at Farmington, Utah
My commission expires 4/3/84
(Seal)

Alice Waite Eldridge
Signature of Applicant

170 So. 300 East - Farmington, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cp pd lic #24724

Certificate of Baptism and Confirmation gives name as Alice Waite daughter of George Waite and Savannah A. McHenry born June 3, 1919 at Arco, Idaho. Baptized June 3, 1927 in L.D.S.Church.

Viewed by V.S.

JAN 25 1982

Certificate of Blessing gives name as Alice Waite born June 3, 1919, in Arco, Idaho to George Waite and Sarah A. McHenry. Blessed August 3, 1919, by George Waite
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-118-012-249

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 70084

No. ..... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Pershing Balding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 18 1919

FATHER		MOTHER	
FULL NAME	William R. Balding	FULL MAIDEN NAME	Mabel Smith
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 A.M. on the date above stated.

(Signature) E W Fox

Physician (Physician or midwife)

Address Arco, Idaho Registrar 6/18

Filed June 29 1919

O. J. Allen
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

June 29 1919

O. J. Allen
Registrar

S-Y-CO. 38071

915-118-012-291

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

File No. 70085

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Thaddeus Coe Rants

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 18 1919

FATHER		MOTHER	
FULL NAME	Thaddeus M. Rants	FULL MAIDEN NAME	Mabel Bradley
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Columbia, Texas	BIRTHPLACE	Maryville, Missouri
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

June 25 1919

D. J. Allen
Registrar

Address Arco, Idaho

Registrar 6/18-19

Filed June 28 1919

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-109-012-295

PLACE OF BIRTH

County of Butte

City of Moore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 59

File No. 70086

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD RALPH KING West

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5 9 19

FATHER	MOTHER
FULL NAME Ralph West	FULL MAIDEN NAME Mary King
RESIDENCE Moore, Idaho	RESIDENCE Moore, Idaho
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Buhla Miss.	BIRTHPLACE Eureka, Utah
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

(Signature) _____

(Physician or midwife)

Address Moore Idaho

Filed May 20 1919 O. J. Allen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

May 20 1919

O. J. Allen Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 70086
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Unnamed (Name on original certificate) who was born (Was born or died) on May 9, 1919 (Date of event)
in Moore, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Ralph King West

Subscribed and sworn to before me this 1st
day of October, 1941
Notary Public, residing at Burley, Idaho.
My commission expires June 1, 1942.
[SEAL]

Signed Mary West
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Route 1 Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first
day of January, 1942.
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942.
[SEAL]

Signed Ralph West Sr.
(Signature of any credible person other than the previous affiant.)
R. F. D. 1- Burley, Idaho
(Street Address, City, State)

Received for filing on JAN 5 1942 By
(Registrar's signature)

JAN 7 1949

JAN 11 1949

154-126-012-319

PLACE OF BIRTH

County of Butte

City of Arco

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70087

Registration District No. 59

File No. _____

Primary Registration District No. 2139

Registered No. _____

FULL NAME OF CHILD LELAND AMANUEL ANDERSEN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5 26 1919

FATHER

FULL NAME: Amanuel F. Andersen

RESIDENCE: Arco, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Hyrum, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie C. Larsen

RESIDENCE: Arco, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Denmark

OCCUPATION: House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.45 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) E. W. Fox

Physician
(Physician or midwife)

Address Arco, Idaho

Filed May 30 1919 O. J. Allen
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

May 30 1919

O. J. Allen
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 21 1942
County of Bingham }

Certificate No. 70087
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Leland Amanuel Andersen (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on May 26, 1919 (DATE OF EVENT)
in Arco, Butte County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on At the time (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Anderson	Leland Amanuel Andersen (Sen)

Subscribed and sworn to before me this 17
day of January, 1942
E. P. Monson JP
Notary Public, residing at Blackfoot Idaho
My commission expires July 10, 1943
(SEAL)

Signed Annie C. Larsen Andersen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
463 East Bridge St Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Emanuel F. Andersen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
263 East Bridge St. Blackfoot Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 23 1942

693-105 [redacted]
029-381

PLACE

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70088

County of Latah

City of Bovill

No. _____ St.

Hospital _____

Registration District No. 66 File No. 12

Primary Registration District No. 2146 Registered No. _____

FULL NAME OF CHILD Wilbur Wilson Willard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 - 5 - 1919

FATHER		MOTHER	
FULL NAME	Leroy Willard	FULL MAIDEN NAME	Flora Adeline Chase
RESIDENCE	Stanford Idaho	RESIDENCE	Stanford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bovill Idaho

Filed 6/12 1919 Mrs F. C. Gibson

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389 - 204-029-633

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 66 File No. 20089

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Ellen Elizabeth Chilton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 4 1918

FATHER		MOTHER	
FULL NAME	David Earl Chilton	FULL MAIDEN NAME	Ethel Isabel Olson
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/25 1918 Mrs. H. C. Gibson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital Bovill

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70090

Registration District No. 66 File No. 10

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Joseph Thomas Aschenbrenner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 - 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Charles Aschenbrenner	FULL MAIDEN NAME	Hazel Esther Sink
RESIDENCE	Fernwood, Idaho	RESIDENCE	Fernwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Green Creek, Idaho
OCCUPATION	Setter.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed 6/12 1919 Mrs F. C. Gibson
Registrar

Registrar

B-Y CO. 24655

NAME CHANGE

ASCHENBRENNER

dup of 1919-327182

236-104-02[illegible]-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70091

County of Latah

City of Bovill

No. ..... St.

Hospital Bovill

Registration District No. 66 File No. 11

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD John Ray Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) — 4 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	John Ray Scott	FULL MAIDEN NAME	Anna Benson
RESIDENCE	Potlatch, Idaho	RESIDENCE	Potlatch, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Grand Haven, Mich.	BIRTHPLACE	Deary, Idaho
OCCUPATION	Assistant to Auditor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill Idaho

Filed 6/12 1919 Mrs. F. C. Gibson Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/15/41 Z.J.

555-223
U39-242

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 70092

No. ..... St.

Primary Registration District No. 2072

Registered No. 68

Hospital Bethany Deaconess

FULL NAME OF CHILD Elva Ella Enns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 23 1919 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Abraham P Enns	FULL MAIDEN NAME: Marie Sukau
RESIDENCE: ~~Aberdeen, Ida.~~	RESIDENCE: ~~Minnesota~~ Aberdeen, Ida.
COLOR: White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Minnesota
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hoth
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Idaho

Filed 6/11 1919 R. F. Hoth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-64

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 7 12 58 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 70092

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Enns (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1919 (Date of Event)

in American Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Elva Ella Enns

Subscribed and sworn to before me this 14th day of May, 1968.

Notary Public, residing at Aberdeen Idaho

My commission expires Nov. 17, 1970

(Seal)

Signed Mrs. Abe P. Enns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1968.

Notary Public, residing at Aberdeen Idaho

My commission expires Nov. 17, 1970

(Seal)

Signed Peter F. Enns
(Signature of Any Credible Person)

Aberdeen Idaho
(Street Address, City, State)

FORM DH 60-155

1 cp pd rec. # 942

Own child's birth certificate gives name as Elva Enns mother of Ronald Kent Funk born Aug. 28, 1941 # 322668.
Viewed by V. S.

MAR 14 1972

First Mennonite Church, Aberdeen, Idaho gives name as Elva Ella Enns (a letter) was Born May 23, 1919. Was Baptized Juen 24, 1934. Signed by Aaron J. Epp, Pastor. Viewed by V. S.

128-102-039-165
name added 4/18/79

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

~~City of~~ Arbon

Registration District No. 25

File No. 70093

No. ..... St.

Primary Registration District No. 2072

Registered No. 69

Hospital .....

FULL NAME OF CHILD Percy Dale Ashton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 12th 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Ashton	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Malad, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs England per RM

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Arbon Idaho

Filed 6/12 1919 R. E. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/18/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 70093
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Ashton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6/12/19 (Date of Event)

in _____ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Ashton	Percy Dale Ashton

Subscribed and sworn to before me this 18th day of April, 1979.

Notary Public, Thelma D. Adams
Residing at Boise, Idaho
My commission expires 8-28-79
(Seal)

Vera J. Miller
Signature of Applicant
662 S. Milton Boise Id. 83705
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible - obviously old - viewed by VS. Gives Percy Dale Ashton born at Arbon, Idaho on June 12, 1919.

APR 18 1979

Honorable Discharge from U.S. Army (certified copy issued by county clerk of Klamath County, Oregon on 12/3/1946) gives name as Percy D. Ashton born June 12, 1919 in Arbon, Idaho. Separated at Fort Jay, New York on September 29, 1945.--viewed by VS.

395-117-039-955

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 70094

County of Power

City of American Falls Idaho — Registration District No. 25 — File No. 2

No. ..... St. — Primary Registration District No. 2072 — Registered No. 70

Hospital .....

FULL NAME OF CHILD Ernest Raymond Link

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 17 1919

FATHER	MOTHER
FULL NAME Henry George Link	FULL MAIDEN NAME Tillie Renke
RESIDENCE American Falls	RESIDENCE American Falls Ida.
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Marion Co, Kas	BIRTHPLACE South Russia
OCCUPATION Farmer	OCCUPATION Houswife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth (Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 6/10 1919 R. F. Noth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/15/41 RMF

215-106-039-695

Form V. S. No. 11-C—28m-9-8-17

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 70104

Primary Registration District No. 2072 Registered No. 80

FULL NAME OF CHILD EDWARD BAER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 6 1919

FATHER		MOTHER	
FULL NAME	Edward Baer	FULL MAIDEN NAME	Katrina Freisen
RESIDENCE	Amer Falls, Ida	RESIDENCE	Amer. Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schuetz MD.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Amer Falls, Ida

Filed 6/24 1919 R. S. Noth

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 70104

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edward Baer

Subscribed and sworn to before me this 27
day of June, 1942

M. D. Linscheid
Notary Public, residing at Aberdeen, Idaho

My commission expires 12-31-45
(Seal)

Signed Katherine Baer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

JUN 29 1942

JUL 1 1942

APR 27 1954

866-107-039-363

Form V. E. No. 11-C—[illegible]

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70105

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 81

FULL NAME OF CHILD Ivan C. Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 7 1919

FATHER		MOTHER	
FULL NAME	Leslie B. Howell	FULL MAIDEN NAME	Edna Collette
RESIDENCE	Pauline, Ida	RESIDENCE	Pauline, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ann Falls Ida

Filed 6/26 1919 R. S. Notts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1943

866-1N6-039-238

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70106

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Registration District No. 23

File No. 2

Primary Registration District No. 2072

Registered No. 82

FULL NAME OF CHILD William John Hoffer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr. 16 1919

FATHER		MOTHER	
FULL NAME	John B. Hoffer	FULL MAIDEN NAME	Carrie Schmier
RESIDENCE	Am. Falls	RESIDENCE	Am. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MSC.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Am. Falls Ida.

Filed 6/26 1919 R. L. Notto

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1943

269-118-039-418

PLACE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70107

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 83

FULL NAME OF CHILD Frank Steven Irwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 18 1919

FATHER		MOTHER	
FULL NAME	Frank Irwin	FULL MAIDEN NAME	Hazel Daharsh
RESIDENCE	Pauline, Ida	RESIDENCE	Pauline Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schnetz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Am. Falls, Ida

Filed 6/26 1919 R. L. Noth

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-125-037-154

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70108

County of Power

City of

No. St.

Hospital

Registration District No. 23

Primary Registration District No. 2072

File No. 2

Registered No. 84

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 25 1919

FATHER		MOTHER	
FULL NAME	Geo W. Adams	FULL MAIDEN NAME	Edith Anderson
RESIDENCE	Roy, Ida	RESIDENCE	Roy, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Died Dec 17, 1918 at Omaha, Nebr.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schietz MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Ann S. Ills. Ida

Filed 6/26 1919 R. S. Notts

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1919-278578
HOLD. DUP HAS "FEMALE"
NOT MARKED TWINS

NOT

319-130-039-695

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70109

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 95

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 30 1919

FATHER		MOTHER	
FULL NAME	Wm G Lair	FULL MAIDEN NAME	Juanita Fields
RESIDENCE	Neeley, Ida	RESIDENCE	Neeley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schulz MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ann Salls Ida

Filed 6/26 1919 R. S. Notts

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-205922

367-107-039-845

Form V. S. No. 11-C—20m-6-5-17

PLACE OF BIRTH

County of Power

City of Rockland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70110

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 86

FULL NAME OF CHILD PERRY WAYNE COX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 7 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry Wm Cox	FULL MAIDEN NAME	Rachel Hunter
RESIDENCE	Rockland, Idaho	RESIDENCE	Rockland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schietz MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ann Salls Idaho

Filed 6/26 1919 R. J. Notts

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup of 1919-73248

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 70110

State of Idaho } ss.
County of Power }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Perry Wayne Cox (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 7, 1919 (DATE OF EVENT)
in Rockland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory of mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 12, 1942. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wayne Perry Cox
Perry Wayne Cox, born at American Falls,	should be	Rockland, Idaho.
June 7, 1920: V. G. Logan	should be	Dr. C. F. Schiltz June 7, 1919

Subscribed and sworn to before me this 12th
day of November, 19 42.
Notary Public, residing at American Falls, Idaho.
My commission expires Dec. 8, 1945.
(SEAL)

Signed Rachel Hunter Cox
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rockland, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of November, 19 42.
Notary Public, residing at American Falls, Ida o.
My commission expires Dec. 8, 1945.
(SEAL)

Signed Perry Cox
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rockland, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 23 1942

271-129-039-286

Form V. S. No. 11-C—20m-6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70111

County of Power

City of American Falls Registration District No. 25 File No. 2

No. ..... St. Primary Registration District No. 2072 Registered No. 87

Hospital Bethany

FULL NAME OF CHILD Raymond Willard Spaulding

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 29 1919

	FATHER	MOTHER
FULL NAME	Paul Persinger Spalding	FULL MAIDEN NAME Carrie Short
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Moselle, Mo.	BIRTHPLACE Joplin, Mo.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth
(Physician or)

Address American Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/30 1919 R. F. Roth Registrar

MARGIN RESERVED FOR BINDING—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1947

2 1949

3/26/41 Z.J.

413 - 230 - 039 - 215

PLACE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital Bethany

Form V. S. No. 11-C—15m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 7012

Registration District No. 25 File No. 2

Primary Registration District No. 2072 Registered No. 88

FULL NAME OF CHILD ELLEN MARIE MATTHIES

Sex of Child: ~~Female~~ Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 30 (Month) (Day) 191 9 (Year)

FATHER	MOTHER
FULL NAME Berkhard H. Matthies	FULL MAIDEN NAME Lena Bauman
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Russia	BIRTHPLACE Ida, Kas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard L Wood
(Physician or ~~midwife~~)

Address American Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/30 1919 R. L. North Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 70112

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Matthes	Matthies
Name	Unnamed	Ellen Marie
Sex	Male	Female

Subscribed and sworn to before me this 10 day of June, 1942.

Notary Public, residing at Aberdeen

My commission expires March 1 - 1945

(Seal)

Signed B A Matthies
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June, 1942.

Notary Public, residing at Aberdeen

My commission expires March 1 - 1945

(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1942

364-107-035-612

CE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70113

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 271

FULL NAME OF CHILD John Anthony Hugh Combs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 – 7 – 1919

FATHER		MOTHER	
FULL NAME	A. R. Combs	FULL MAIDEN NAME	Bessie E. Vass
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Carsson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed July 5 1919 Noam E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1942

[redacted]

Amended 3-26-58

PLACE OF BIRTH

893-109-035-719

County of Nez Perce

City of Lewiston

No. 1416 F St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 70114

Hospital Primary Registration District No. 1009 Registered No. 272

FULL NAME OF CHILD Glen Tetrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 9, 1919

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oscar D. Tetrick	FULL MAIDEN NAME	Stella Partlett
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow

Physician
(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed July 5, 1919 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Garfield }

Certificate No. 70114

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glenn Tetric (Name on Original Certificate) who born (Was Born or Died) on 6-9-1919 (Date of Event)
in Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on obviously old - viewed by v.s (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) Viewed by v.s.	TO (The Correct Facts) 9-15-39
Mother's Name	Stella Partlett	X
Child's Name	Glen Tetric	Glen Tetrick
Father's Last Name	Tetric	Tetrick

Subscribed and sworn to before me this 17th day of March, 1958

Marvin T. Gates
Notary Public, residing at Pomeroy
My commission expires October 23, 1961
(Seal)

Signed Myrtle James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pomeroy, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Garfield }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

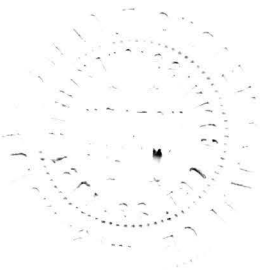
Subscribed and sworn to before me this 21st day of March, 1958

Marvin T. Gates
Notary Public, residing at Pomeroy
My commission expires October 23, 1961
(Seal)

Signed Alvin G. Tate
(Signature of Any Credible Person)
Pomeroy, Washington
(Street Address, City, State)

FORM DPH 55.155

NNCL 3-13-58 1 copy paid



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-109-035-719

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70114

County of Nez Perce

City of Lewiston

No. 1416 F St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 272

FULL NAME OF CHILD Glenn Tetric

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 9 1919

FATHER		MOTHER	
FULL NAME	Oscar D. Tetric	FULL MAIDEN NAME	Stella Partlett
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho

Filed July 5 1919 Susan E Bruce

Registrar

Registrar

MAR 27 1958

319-216-035-881

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70115

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 273

FULL NAME OF CHILD Evangeline Cleone Carr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6 (Month) – 16 (Day) – 1919 (Year)

FATHER		MOTHER	
FULL NAME	M. E. Carr	FULL MAIDEN NAME	Evangeline Hyatt
RESIDENCE	Culdesac, Idaho	RESIDENCE	Culdesac, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed July 5 1919 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1964

813-116-035-962

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70116

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 274

Hospital St. Josephs

FULL NAME OF CHILD Elmer Regis Yates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 16 1919

FATHER		MOTHER	
FULL NAME	W. J. Yates	FULL MAIDEN NAME	Grace Rose
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	BIRTHPLACE	Missouria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Braddock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed July 5 1919 Ivan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

992-117-035-942

PLACE OF BIRTH

Form V. S. No. 11-C—28m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70117

County of Nez Perce

City of Lewiston

No. 913 Main St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 275

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Frederick Junior Irby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 17 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Monroe Irby	FULL MAIDEN NAME	Lena Rubbelke
RESIDENCE	913 Main St	RESIDENCE	913 Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Tree Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jean M Church DO

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bunnell Bld

Filed July 5 1919 Bunnell Susan E Bruce

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 2, 1940. E.W.

613-120-035-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70118

County of Nez Perce

City of Lewiston Orchards Registration District No. 95 File No.

No. ..... St. Primary Registration District No. 1009 Registered No. 276

Hospital .....

FULL NAME OF CHILD John Herbert Fallwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		one	yes	June 20 1919

FATHER	MOTHER
FULL NAME Orville Fallwell	FULL MAIDEN NAME Florence Longmiller
RESIDENCE Lewiston Orchards	RESIDENCE Lewiston Orchards
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Texas	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Inman M.D.

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 3 1919 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-121-035-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70119

County of Nez Perce, Idaho.

City of Lewiston.

No. 402-7th Ave. St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 277

FULL NAME OF CHILD Raymond Lewis Ulen.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	6 (Month) 21 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Ulen	FULL MAIDEN NAME	Binnie Jensen.
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Minnessota.
OCCUPATION	Teacher	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was XXXXXX (Born alive or stillborn) at 8:17p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J W Dowell

By R C Pauley Sec

(Physician or midwife)

Address Lewiston Idaho

Filed July 5 1919 Susan E Bruce

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-222-035-55-9

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70120

County of Nez Perce

City of Lewiston

No. 2115-8th Ave.

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 278

Hospital

FULL NAME OF CHILD Huddleston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 22 1919

	FATHER	MOTHER
FULL NAME	Wm. Huddleston	Louise Vergani
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Iowa	South Dakota
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Alley M.D

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 5 1919 Susan E. Brown Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-123-035-235

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Orchards

No. ..... St.

Hospital .....

Registration District No. 95

File No. 70121

Primary Registration District No. 1009

Registered No. 279

FULL NAME OF CHILD Orville Austin Kirtland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 - 23 - 1919

FATHER		MOTHER	
FULL NAME	Louis Kirtland	FULL MAIDEN NAME	Maybelle Stebbins
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Clearsow

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed July 5 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-3-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-223-035-25-9

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Cor 20th St & 10th Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 96

File No. 70122

Primary Registration District No. 1009

Registered No. 280

FULL NAME OF CHILD Lambert

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6 - 23 - 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. C. Lambert	FULL MAIDEN NAME	Winnie Kerr
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed July 5 1919 Susan E. Bruce

Registrar

Registrar

763-229-035-855

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70123

County of Nez Perce

City of Lewiston

No. 718 - 15th Ave. St.

Amended 3-31-81

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 281

FULL NAME OF CHILD Opal Marguerite Gold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	6 - 29 - 1919

FATHER		MOTHER	
FULL NAME	Douglas Burnett Gold	FULL MAIDEN NAME	Ilma Hensley
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colorado	BIRTHPLACE	Missouria
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston, Idaho

Filed July 5 1919 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 20 1968

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
11 06 AM '81

State of _____ } ss.
County of _____

Certificate No. 70123
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wade (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 29, 1919 (Date of Event)

in Lewiston (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Omitted	Opal Marguerite Gold
father's name	J. H. Wade	Douglas Burnett Gold

Subscribed and sworn to before me this 4 day of April, 1981.

Notary Public, Florence Cartright
Residing at Ennis
My commission expires Lifetime
(Seal)

X Opal M. Smoot
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

- Holding at desk - F.C. 3-31-81

Marriage Certificate of Parents issued by Rapouse County Washington gives name of Groom as Jack H. Wade (mother's Maiden name) (Used this name after a disagreement with his dad after his mother died and started using his mother's maiden name as a last name. Marriage certificate shows the bride's name as Illmae E. Hensl Hensley. Married October 12, 1909.

3-25-81

Certificate of birth of a sister, Nadine Gold, born March 2, 1921, gives name of father as Douglas B. Gold and mother Illma Hensley, Certificate issued by state of washington.
This sister also states that at the time of Opal Marguerite's birth, the father was going by the name of Jack H. Wade,(his mother's maiden name).

Medford Public Schools District 549C Census Record shows name of child as Opal Marguerite Gold born June 29, 1919. Attended Lincoln Elementary School in 1935. Her father is listed as Douglas B. Gold. Issued by Russel Klein, Supt.

Certificate of birth of sister, Velma Odess Gold born Sept. 29, 1910, to Douglas Burnett Gold and Illma Eliza Hensley., certificate # 396964.

Death Certificate of mohter, Illma Gold died November 22, 1956, in California At the time of death she was widowed. Informant was Howard Gold, a son.

Family Pedigree Chart gives name as Opal Margarete Gold, born Jan. 29, 1919, at Lewiston, Idaho. Married April 3, 1941, to Elmer Smoot. Father is listed as Douglas Burnett Gold born May 20, 1881, in Melbourne, Quebec, and married October 11, 1909 to Illma Eliza Hensley. Died Jun 29, 1953, in B.C.
His mother was listed on this family chart as Mayr Ann Wade, born Melbourne and father was listed as John Gold. Parents married March 16, 1863.
Viewed by V.S.

315-229-035-265

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

70124

County of Nez Perce, Idaho.

City of Lewiston, Idaho. Registration District No. 96 File No.

No. 1543 Main St. Primary Registration District No. 1009 Registered No. 282

Hospital

FULL NAME OF CHILD June Candler.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	X (To be answered only in event of plural births)		X	Yes	6	20	1919

FATHER	MOTHER
FULL NAME: Wayne H Candler	FULL MAIDEN NAME: Ada Bond.
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: N.C.	BIRTHPLACE: Moscow, Idaho.
OCCUPATION: Laborer	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 4:45p M. on the date above stated.

(Signature) I. W. Powell
By P C Pauley M.D.
(Physician or midwife)

Address Lewiston

Filed July 5 1919 Susan E. Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

138-201-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. 70126

Primary Registration District No. 2005

Registered No. 131

FULL NAME OF CHILD Mary Eugenia Allison

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	July 1 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John N. Allison	Madge Hazlitt
RESIDENCE	Caldwell, Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Little Rock Arkansas	Meridian, Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. A. Young

M.D. (Physician or midwife)

Address Caldwell Idaho

Filed 7-6- 1917 John S. Meyer Registrar

JUN 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-229-014-236

PLACE OF BIRTH

Form V. S. No. 11-C—2m—6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 70128

Registered No. 123

FULL NAME OF CHILD ELLEN JANE PENIX

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of Birth
Female		Yes.	June 29 (Month) (Day) 191 9 (Year)

FATHER		MOTHER	
FULL NAME	R. E. Penix	FULL MAIDEN NAME	Elsie G. Stones
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

M.D.R.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1- 1919 John H. Meyer

Registrar

May 19, 1941 L. R.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
MAY 14 1941

State of California } ss.
County of Los Angeles }

Certificate No. 70128
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed female (Name on original certificate) who was born (Was born or died) on June 29th 1919 (Date of event)
in Middleton, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on or about June 29, 1919 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
1. UNNAMED FEMALE	UNNAMED FEMALE	Ellen Jane Penix
2. Name of mother	Jesse Penix	Jessie G. Penix.

Subscribed and sworn to before me this 9th day of May, 1941

Notary Public, residing at Pomona, Calif.
My commission expires January 22nd 1942
[SEAL]

Signed Jessie G Penix mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1258 North Park, Pomona, California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 1941

Notary Public, residing at Pomona, Calif.
My commission expires January 22, 1942
[SEAL]

Signed Royce E Penix
(Signature of any credible person other than the previous affiant)

1258 North Park, Pomona, Calif.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

391 - 128 - 014 - 85-5

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70129

County of Canyon

City of Caldwell

No. R.F.D. - 1 St.

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 122

Hospital

FULL NAME OF CHILD Marion Harold Trail

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	S	1	yes	6/28/19

FATHER		MOTHER	
FULL NAME	Edward G. Trail	FULL MAIDEN NAME	Effie L. Henry
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Lincoln Co Mo	BIRTHPLACE	St. Charles Co Mo
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. [illegible] M. D.

Caldwell Id (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 7-2- 1919 John L. Meyers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-223-064-966

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. 70130

Registered No. 121

FULL NAME OF CHILD ..... Helen Maurine Woolverton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births).	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	June 17 1919

FATHER

FULL NAME: C. E. Woolverton

RESIDENCE: Caldwell Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Prairie Grove Ark.

OCCUPATION: Miller

MOTHER

FULL MAIDEN NAME: Mary Rowe

RESIDENCE: Caldwell Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Greely Colorado

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 10 45 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. J. Young M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 6-29- 1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 12 11 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 70130

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Woolverton (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1919 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Helen Maurine Woolverton

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Canadian }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of
November, 1977

Signed Harry J McMillan
(Signature of Any Credible Person)

Notary Public, residing at 11024 Coachmans Rd
My commission expires July 6, 1981
(Seal)

3187 N Hyperion Okla City Okla 73112
(Street Address, City, State)

FORM DH 60-155 7/20/77 cc

Insurance policy from The Prudentail Ins. Co of America gives name as Helen M. McMillan, policy No. D58 100 565 dated May 19, 1971. born June 27, 1919 at Caldwell, Idaho. viewed by V. S.

DEC 9 1977

Letter from Prairie Grove Public School, ~~Prairie~~ Prairie Grove, Arkansas gives name as Helen Maurine Woolverton. enrolled in school 9-5-32. and was 12 years old at the time. viewed by V. S.

~~sign~~

947-226-014-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 70131

Primary Registration District No. 1005 Registered No. 120

FULL NAME OF CHILD Mary Jurpan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	S	6	Yes	6/26/19

FATHER		MOTHER	
FULL NAME	Mike Jurpan	FULL MAIDEN NAME	Annie Stakovich
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Contractor & Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Guie M D

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-2- 1919 John L. Meyer Registrar

JAN 30 1943

392-225-0114-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 70132

Registered No. 119

FULL NAME OF CHILD ..... Dorothy Elaine Tish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 25 1917

FATHER		MOTHER	
FULL NAME	Ambrose Tish	FULL MAIDEN NAME	Nora Grieve
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wabash, Pierce Co, Nebraska	BIRTHPLACE	Mt. Vernon, So Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..1.. Number of children of this mother now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) ..... James A. Young M.D.
(Physician or midwife)

Address ..... Caldwell, Idaho

Filed 6-28- 1917 John V. Greyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/24/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

NOV 24 11 50 AM '78

State of Idaho
County of Ada } ss.

Certificate No. 70132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Tish (Name on Original Certificate) who was born (Was Born or Died) on 6/25/19 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Tish	Dorothy Elaine Tish

Subscribed and sworn to before me this 24th day of November, 19 78.

Dana A. Nelson
Notary Public, residing at Boise, Idaho
My commission expires —
(Seal)

Signed Dorothy Elaine Tish Wittell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1011 S. Wilson Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Diploma issued by Greenleaf Academy 26 May 1938 lists name of Student as - Dorothy E. Tish. viewed by V.S.

NOV 24 1978

Marriage License and Certificate issued by State of Idaho 20 September 1942 gives name of Bride as Dorothy Elaine Tish. viewed by V.S.

231-123-014-713

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70133

County of Canyon

City of Caldwell Id

Registration District No. 3

File No.

No. R.F.D. St.

Primary Registration District No. 2005

Registered No. 118

Hospital

FULL NAME OF CHILD Jack Charles Slade

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	3	Yes	June 23 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude P. Slade	FULL MAIDEN NAME	Ada G. Pace
RESIDENCE	Caldwell Id R.F.D.	RESIDENCE	Caldwell Id R.F.D. 1
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Linden Wash	BIRTHPLACE	Hammond Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Id

Registrar

Filed 7-2-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/14/41 L. B.

319 - 218 - 014 - 265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70134

County of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 117

Hospital

FULL NAME OF CHILD Wilda Verna Carmahan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 18 1917

FATHER		MOTHER	
FULL NAME	Clarence Edgar Carmahan	FULL MAIDEN NAME	Ruby Audrey Bennett
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

C. M. Raley M.D.
(Physician or midwife) (R.F.D.)

Address Caldwell Idaho

Filed 6-28-1917 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 22 19[illegible]

493-116-014-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 70135

Primary Registration District No. ~~5~~ 2005 Registered No. 116

FULL NAME OF CHILD Glenn Alvin Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 16 1919

FATHER		MOTHER	
FULL NAME	Glenn Miller	FULL MAIDEN NAME	Cora Dotson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Levan, Utah	BIRTHPLACE	Harlan, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young (Physician or midwife) DEW

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

Filed 6-18- 1919 John S. Meyer Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-114-014-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70137

County of Canyon

City of Caldwell

No. R.F.D. St.

Hospital

Registration District No. 8

Primary Registration District No. 2005

File No.

Registered No. 114

FULL NAME OF CHILD Stuart Lloyd Davis

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 14 (Month) (Day) 1917 (Year)

FATHER

FULL NAME: Glen H. Davies

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edith May Smith

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

C. M. Haley, M.D. (Physician or midwife)

Address Caldwell, Idaho

Filed 6-18-1917 John A. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 70137

Date Filed: [illegible] 30

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Stuart Lloyd Davis

Subscribed and sworn to before me this 6th day of Oct., 1942

[illegible] Assistant Postmaster
Notary Public, residing at BOISE, IDAHO.
My commission expires _____
(Seal)

OCT 6 1942 POSTMASTER

Signed Mrs Edith Mae Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

OCT 6 1942

613-213-014-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70138

County of Canyon

City of Middleton

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 113

Hospital

FULL NAME OF CHILD Lela June Watts

Sex of Child Female | Twin Triplet or other? and Number in order of birth First (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) 13 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Earl O. Watts	FULL MAIDEN NAME	Edith M Timpke
RESIDENCE	Cuna	RESIDENCE	Cuna
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hamer MD

(Physician or midwife)

Address Middleton Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-1- 1919 John S. Meyer Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 13 1959

5-43-112-014-381

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. No. 3, St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 3

File No. 70139

Primary Registration District No. 2005

Registered No. 112

FULL NAME OF CHILD KEITH MADSEN EDLEFSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		C"	yes	June 12 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas L. Edlefsen	Lettie Thatcher
RESIDENCE	Caldwell Ida.	Caldwell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	47
BIRTHPLACE	Ovid Ida.	Logan, Utah
OCCUPATION	Implement Salesman	Housekeeper.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 5 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or ~~midwife~~)

Address Caldwell Ida.

Given names added from a supplemental report.

19

Registrar

Filed 6-18-1919 John L. Meyers

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 70139

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Keith Madsen Edlefsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 12, 1919 (DATE OF EVENT) in Caldwell, Canyon Co., Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge of undersigned parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
N ame	Unnamed Edlefsen	Keith Madsen Edlefsen

Subscribed and sworn to before me this 6th day of February, 1942

Chas. H. Darling

Notary Public, residing at Boise, Idaho

My commission expires April 25, 1943 (SEAL)

Signed J. L. Edlefsen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1205 Leadville, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 1942

Chas. H. Darling

Notary Public, residing at Boise, Idaho

My commission expires April 25, 1943 (SEAL)

Signed Lettie Thatcher Edlefsen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

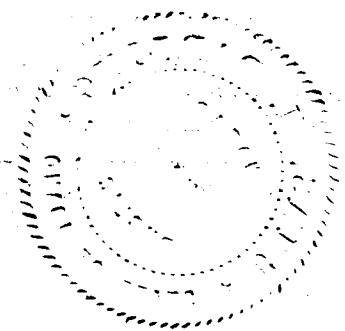
1205 Leadville, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 6 1942



381-202-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2005

File No. 70140

Registered No. 111

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Chase	FULL MAIDEN NAME	Musa Robinson
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Huntington, Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

James L. Young, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho

..... Registrar

Filed 6-11 1919

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-102-014-284

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-37

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 1005

File No. 70141

Registered No. 110

FULL NAME OF CHILD Malfast Clyde Dilley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 2 1917

FATHER

FULL NAME: Clyde Augustus Dilley

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Texas

OCCUPATION: Painter

MOTHER

FULL MAIDEN NAME: Cora Elizabeth Shuee

RESIDENCE: Caldwell Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 1 12 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

C. M. Paley M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 6-11-19 19

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-226-014-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70142

County of Canyon

City of Middleton

Registration District No. ~~107~~ 3

File No.

No. St.

Primary Registration District No. ~~2105~~ 2005

Registered No. 130

Hospital Home

FULL NAME OF CHILD Victory LUCILE Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Apr 26 1919

FATHER		MOTHER	
FULL NAME	Ernest Walker	FULL MAIDEN NAME	Murine Hadsall
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Yakima Idaho	BIRTHPLACE	Fox Colorado
OCCUPATION	Construction Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wilder Idaho

19

Filed 7-3- 1919 John S. Meyer Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 70142
Date Filed MAR 30 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for Middleton (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Dec 4th 1919 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Victory Walker	Victory Lucile Walker

Subscribed and sworn to before me this 26th
day of March, 1942

Notary Public, residing at Emmett
My commission expires March 26/42
(Seal)

Signed Mernie H. Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

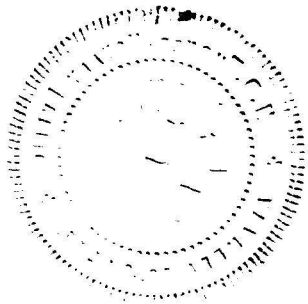
Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 31 1942



219-207-014-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70143

County of Canyon

City of Wilder

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 129

Hospital Home

FULL NAME OF CHILD Elinor Josephine Barnes

Sex of Child Female

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar (Month) 7 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Ray W Barnes	FULL MAIDEN NAME	Flora Elizabeth Vanderwilt
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wahoo Neb.	BIRTHPLACE	Soloman Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Idaho

Filed 7-3-1919 John S. Meyer

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-128-024-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70144

County of Canyon

City of Wilder

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 128

Hospital Home

FULL NAME OF CHILD Thomas Paul Linder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb. 28 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Linder	FULL MAIDEN NAME	Arizona L. Gray
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kirksville Mo.	BIRTHPLACE	New Port Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Wilder Idaho

Filed 7-3-1919 John S. Meyer

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-120-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
[redacted]AL STATISTICS
[redacted]E OF BIRTH

70145

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. ~~107~~ 3 File No. .....

Primary Registration District No. ~~2185~~ 2005 Registered No. 127

FULL NAME OF CHILD Walter Henry Shutz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 20 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Shutz	FULL MAIDEN NAME	Hattie Witcke
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Wilder Idaho

Filed 7-3- 1919 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

965-219-014-386

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

[redacted]

Form V. S. No. 11-C—20m-2-15-22

DAHO
STATISTICS
F BIRTH

70146

Registration District No. 2603

File No. .....

Primary Registration District No. 21 85

Registered No. 126

FULL NAME OF CHILD Evelyn Marie Roethler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	-	-	Yes	Jan 19 1919

FATHER		MOTHER	
FULL NAME	Peter Roethler	FULL MAIDEN NAME	Ethel Lyon
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Baker, Oregon	BIRTHPLACE	Trenton Missouri
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Brank M.D.
(Physician or midwife)

Address Wilder Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

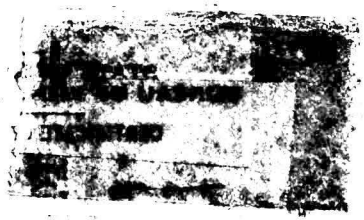
Filed 7-3-1919 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 12 1966

MAY 12 1966

214 - 202-025-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 70148

No. ..... St.

Primary Registration District No. 2181

Registered No. 27

Hospital .....

FULL NAME OF CHILD Katie Kadyk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 2 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernes Kadyk	FULL MAIDEN NAME	Gertrude Van Essen
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Wisc.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernes Kadyk

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Idaho

Filed July 1 1919 G. D. Stockton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1945

363-102-025-613

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 103 File No. 70149

Primary Registration District No. 1001 Registered No. 28

FULL NAME OF CHILD ..... Gaylord R. Colvin Jr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	June 2 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gaylord R Colvin	Inez L Walker
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Wash.	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) on the date above stated., at 9:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed July 1 19 G S Stricklin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 70149

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for G.R.Colvin,Jr. (Name on Original Certificate) who Was Born (Was Born or Died) on June 2 1919. (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Home Record (Bible Record, Insurance Policy, Etc.) prepared on Date of birth. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	G. R. Colvin Jr.	Gaylord R. Colvin Jr.

Subscribed and sworn to before me this 29
day of May, 19 42

Notary Public, residing at Grangeville

My commission expires
(Seal)

Signed Gaylord R. Colvin Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho. Post Office Bldg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of May, 1942

Notary Public, residing at Grangeville

My commission expires Jan 15—1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

W 211 S. 5th.
Grangeville, Idaho.
(Street Address, City, State)

JUN 1 1942

JUN 3 194

NOV 3 194

643-205-025-553

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

70150

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 29

FULL NAME OF CHILD Dean Louise Fuller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	June 5 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Harrison E Fuller	FULL MAIDEN NAME	Nettie M Nelson
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1.40 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Filed July 1 1919 G. O. Stockton

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BIND...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 212-215
025-445

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

70151

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103

Primary Registration District No. 2181

File No. .....

Registered No. 30

FULL NAME OF CHILD Lucy Ailene Barton

Sex of Child 7

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 15 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E Barton	FULL MAIDEN NAME	Lucy Dunning
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Idaho

Filed July 1 1919 G S Stockton Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1971

289-109-025-818

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103

File No. 70152

No. ..... St.

Primary Registration District No. 2181

Registered No. 31

Hospital .....

FULL NAME OF CHILD Frank Shinkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 9 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W Shinkle	FULL MAIDEN NAME	Grace C Hayes
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Grangeville Ida

..... Registrar

Filed July 1 1919 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1966

316-241-003-169

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Clarkia

No. ? St.

Hospital

Registration District No. 82 File No. 70154

Primary Registration District No. 2159 Registered No. 143

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—			yes	June 4 1918

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John Crawford	FULL MAIDEN NAME Charlotte Jorgensen
RESIDENCE Clarkia	RESIDENCE Clarkia
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE UT	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Wm. H. Larkin

(Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Jun 4, 1918

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-204-015-485

PLACE OF BIRTH

[redacted] OAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Caribou

City of

No. St.

Hospital

Registration District No. 29

Primary Registration District No. 2951

File No. 70155

Registered No. 144

FULL NAME OF CHILD Sarah E. Shufeldt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank L. Shufeldt	FULL MAIDEN NAME	Eva J. Myers
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Russell Tigert
Physician
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Eric Rackby
Registrar

Address

DEC 30 1918

Eric Rackby
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 23 1947

796-212-015-753

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of

No. St.

Hospital

Registration District No. 29 File No. 70156

Primary Registration District No. 2951 Registered No. 145

FULL NAME OF CHILD Jeanne K. Gronewald

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. John Gronewald	FULL MAIDEN NAME	Stella H Peck
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn.	BIRTHPLACE	Ore.
OCCUPATION	Farmer & Tax Assr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 12 m on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Elin Kirkby
Registrar

Address

Filed Jan 30 1918 Elin Kirkby
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1944

229-101-015-912

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of

No. St.

Hospital

Registration District No. 29 File No. 70157

Primary Registration District No. 2951 Registered No. 146

FULL NAME OF CHILD Elmer Eugene Skinner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	May 1 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Smith J. Skinner	FULL MAIDEN NAME	Lena Rasmussen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) Russell Tigert
Physician
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Ellis Kerkley
Registrar

Address

Filed Aug 20 1919

Ellis Kerkley
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1943

MAY 15 1942

3/24/41 Z.J.

845-205-038-343

PLACE OF BIRTH

STATE O[illegible]
BUREAU OF VITAL S[illegible]
CERTIFICATE OF [illegible]

Form V. S. No. 11-C—25m-9-8-17

County of Fayette

Amended 04-11-07 ns

City of .....

Registration District No. 5

File No. 70158

No. ..... St.

Primary Registration District No. 2009

Registered No. 15

Hospital .....

FULL NAME OF CHILD Esther ~~Lucile~~ Lucille Hunter -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	June 5 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dorton D. Hunter	FULL MAIDEN NAME	Ida Bell Luther
RESIDENCE	4 mi W New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pa -	BIRTHPLACE	Pa -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

..... 19 .....

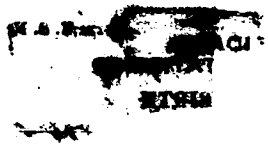
Filed June 1919 Wm T. Drysdale

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 0 3 2007
APR 1 1 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

2007 APR 11 AM 9:41

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of ARIZONA } SS
County of MARICOPA }

Certificate No. 19-70158

Date Filed June 1919

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Esther Lucile Hunter (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1919 (Date of Event)

in Payette County (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Lucile	Lucille

Subscribed and sworn to before me this 9 day of APRIL 2007

Notary Public, [signature]

Residing at 12935 Finisher Dr Chandler, AZ

My commission expires 03/10/09

(Seal)

NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
STEVE BYFIELD
My Commission Expires 03/10/09

Esther Lucille Bland
Signature of Applicant

Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____

(Is not necessary ☒) _____

State of ARIZONA } SS
County of MARICOPA }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

04-03-07

ORDL FOR ESTHER LUCILLE BLIND ISSUED 07-31-01 VIEWED BY VS

LETTER FROM SS ADDRESSED TO ESTHER LUCILLE BLIND DATED 2000 VIEWED BY VS

331-227-038-315

PLACE OF BIRTH

County of Payette

City of Fruitvale New Plymouth

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70159

Registration District No. 5

File No. .....

Primary Registration District No. 9009

Registered No. 14

FULL NAME OF CHILD Hedreth Maria Clanton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	May 27 1919

FATHER

FULL NAME John W. Clanton

RESIDENCE Fruitvale New Plymouth

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence M Cartwright

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 19 19 Wm J. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-104-031-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Dev RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[illegible] V. S. No. 11-C—25m-9-8-17

70160

Registration District No. 62

File No. .....

Primary Registration District No. 2129

Registered No. 11

FULL NAME OF CHILD James Milton Golder

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	Yes	June 4 1919

FATHER		MOTHER	
FULL NAME	Frank Anderson Golder	FULL MAIDEN NAME	Mariles Alice Skelton
RESIDENCE	Dev RFD	RESIDENCE	Dev R-FD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	New Aygo Mich	BIRTHPLACE	Barry Co., Mo
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.

(Physician or midwife)

Address Dev, Golder

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/5 1919 P. E. Dunlap

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

632-204-031-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C—2Mm-0-8-17

PLACE OF BIRTH

County of Lewis

City of Vollmer RFD

Registration District No. 30

File No. 70161

No. ..... St.

Primary Registration District No. 2129

Registered No. 12

Hospital .....

FULL NAME OF CHILD Doris Evelyn Olson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	June 4 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Albert Olson	FULL MAIDEN NAME	Maude Mary Jackson
RESIDENCE	Vollmer RFD	RESIDENCE	Vollmer RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Genessee Ida	BIRTHPLACE	Indianola Ia
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ilo Idaho

Filed 6/9 1919

R. E. Dunlap
Registrar

Registrar

JUL 2 4 1942

652-107-031-264

Amended 7/15/71

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

70162

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 50

File No. .....

Primary Registration District No. 217

Registered No. 13

FULL NAME OF CHILD Sylvester G. Wissink

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	6 (Month) 7 (Day) 1919 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Frank Wissink	FULL MAIDEN NAME	Gertrude Kouppman
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ilo Idaho

Filed 6/10 1919 R. E. Dunlap M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
INDICATE OPT

4-9-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 13 1971
Bureau of Vital Statistics

State of Washington
County of Stevens } ss.

Certificate No. 70162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Silvester Wissink (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1919 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal, discharge, school (Bible Record, Insurance Policy, Etc.) prepared on various, attached (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Silvester Wissink	Sylvester Wissink

Subscribed and sworn to before me this 9th day of June, 19 71

Notary Public, residing at Chewelah, Wash.

My commission expires May 2, 1973

(Seal)

Signed Sylvester E Wissink
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 676, Chewelah, Wa. 99109
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Stevens } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1971

Notary Public, residing at Chewelah, Washington

My commission expires May 2, 1973

(Seal)

Signed John Schmidlkofer
(Signature of Any Credible Person)

Chewelah, Wash. 99109
(Street Address, City, State)

FORM DH 60-155

Honorable discharge from the Army gives name as Sylvester G. Wissink. Date of birth given as ~~July~~ July 7, 1918. Place of birth as Nez Perce, Idaho. Date of ~~Sep~~ Separation given ans June 16, 1945 at Fort Lewis, Washington. Signed by Cloyce G. Menefee, 1st Lt. AUS. Viewed by V. S.

JUL 15 1971

Holy Sacrament of Baptism from Roman Catholic Church gives name as Sylvester George Wissink son of Theodore Wissink and Gertrude Kaufmann. Born in Nezperce, Idaho on June 7, 1919 was Baptised June 11, 1919 in the Church of Holy Trinity. by Rev. A. W. Rompe. Viewed by V. S.

796-107-014-294

PLACE OF BIRTH

Amended 5-28-81

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70163

Registration District No. 11 File No. .....

Primary Registration District No. 283 Registered No. .....

FULL NAME OF CHILD Norville Fritz-Groesbeck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 7 1919

FATHER		MOTHER	
FULL NAME	Fritz-Groesbeck	FULL MAIDEN NAME	Albena Krulish
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	New York
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born ~~alive~~ or stillborn) at 12:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Registrar

Filed July 8 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 28 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 70163
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Norville Fritz Grosback (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 7, 1919 (Date of Event)
in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Norville Fritz Grosback	~~Norville Fritz Groesbeck~~

Subscribed and sworn to before me this 28th day of May, 1981.
Notary Public, Florence Cartright
Residing at Boise
My commission expires Lifetime
(Seal)

x N.F. Groesbeck
Signature of Applicant
2823 Kathryn Boise Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file - Idaho - # 446859 - gives name as Norville Fritz Groesbeck, father of Steven Phillip Groesbeck,
Viewed by V.S.

MAY 28 1981

Social Security Card # 519 12 1801 gives name as Norville Fritz Goresbeck. Card issued July 1949.
Viewed by r.S.

434-210-001-285

Form V. S. No. 1.-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

70164

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.R. 2 St.

Registration District No. 11

Primary Registration District No. 283

File No.

Registered No.

Hospital

FULL NAME OF CHILD Opal Fay Ulmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	6 10 1919

FATHER		MOTHER	
FULL NAME	Everal L. Ulmer	FULL MAIDEN NAME	Etta Kindle
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Arkansas
OCCUPATION	farming	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

Registrar

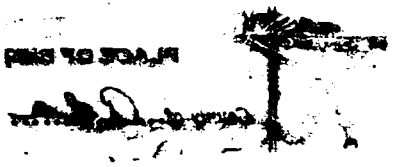
Filed Sept 8 19 19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 26 1962

415-213-001-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

70165

County of Ada

City of Meridian

No. R.R.1 St.

Registration District No. 11

File No.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ BETTY JO Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	6 13 1919

FATHER		MOTHER	
FULL NAME	W. J. Davidson	FULL MAIDEN NAME	Jessie B. Miller
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Virginia	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Registrar

Filed July 8 1919 Alice A. Dutton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 70165
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or death)
for ____ (Name on original certificate) who ____ (Was born or died) on ____ (Date of event)
in ____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Eva Elsie Davidson	Betty Jo Davidson

Subscribed and sworn to before me this 8th
day of December, 1941
O M Lamm
Notary Public, residing at Meridian
My commission expires May 7 1943
[SEAL]

Signed Travis L. Davidson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 1941
O M Lamm
Notary Public, residing at Meridian
My commission expires May 7 1943
[SEAL]

Signed W. J. Davidson
(Signature of any credible person other than the previous affiant.)
Meridian Idaho.
(Street Address, City, State)

Received for filing on ____ By ____
(Registrar's signature)

JUN 4 1942